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NUMBER 1

JANUARY
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THE CANADIAN NURSE

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(1) 1932. J. Am. Med. Assoc. 98, 1429.
1938. Nutrition Abstracts and Reviews 8, 281.
1938. J. Am. Med. Assoc. 110, 650.
1940. J. Am. Diet. Assoc. 16, 891.

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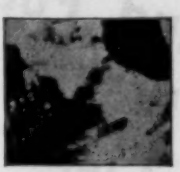
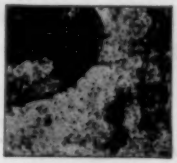
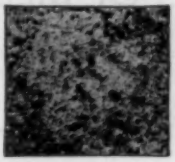


Stool of normal infant fed home-strained vegetables. Some of the food is undigested. Many coarse fibres are also seen.



Stool of normal infant fed commercially-strained vegetables. Here, also, some food has not been completely digested. Note coarse fibres that may cause intestinal irritation.



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THE CANADIAN NURSE

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MEDICINE,
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THE "gilded cage" of ten to twenty bedrooms, with but a single small, ill-ventilated "water-closet," held many a martyr to constipation or its alternative of the mid-Victorian era: Grandma's nauseating brews, or the doctor's unrefined castor oil or calomel.

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Reader's Guide

According to established precedent, the President of the Canadian Nurses Association, **Grace M. Fairley,** sends a message of faith and courage for the New Year. We are also indebted to Miss Fairley for allowing us to publish the inspiring verses, written by Audrey Brooke, which appear on the Christmas card of the **South African Trained Nurses Association.** These will be found on page 62.

Not long ago, the editor had an opportunity of talking with the staff nurses of the Toronto General Hospital, and of asking their help in securing original and stimulating articles dealing with clinical nursing. That very evening, a committee was formed with Miss Mary Macfarland as chairman, and, as a result, we proudly present an excellent article on nursing in chest surgery, written by **Emma Jordison,** head nurse in one of the surgical wards of the Toronto General Hospital.

As we anticipated, Beatrice Andrews' article on nursing service in small hospitals has stirred up a lively discussion. In this issue, **Gertrude M. Hall** defines, in masterly fashion, the educational factors which are involved. Comments, in support of Miss Andrews' point of view, will appear later.

In successive issues, **Elizabeth Lyster** will give the readers of the *Journal* the pleasure of sharing an adventurous journey. Miss Lyster is a graduate of the School of Nurses of the Royal Victoria Hospital, Montreal, and at present is taking courses offered by the McGill School for Graduate Nurses.

In the December number, and under the caption of "Finding the Time", **Gertrude M. Hall** sets the stage for a time study of nursing procedures. She now offers facts and figures which are worthy of close attention and should be carefully checked by ward supervisors and head nurses.

In the first issue of the New Year, we are very proud to present the first of the Special Pages sponsored by the General Nursing Section of the Canadian Nurses Association. For the present, these will appear quarterly, and the initial Page offers the point of view of the registrar, presented by **Pearl Brownell,** and a comment from a private duty nurse, by **Helen Jolly.** Miss Brownell is the extremely competent registrar of the Doctors and Nurses Directory, in Winnipeg, and Miss Jolly is a highly successful private duty nurse, in Regina, Saskatchewan.

Under the auspices of the Public Health Section of the Canadian Nurses Association, a most valuable continuing survey is being carried on regarding the qualifications of nurses engaged in various branches of public health service. The latest findings are presented by **Margaret Kerr** and **Lyle Creelman,** who are, respectively, chairman and secretary of the Section.

The most valuable members of any hospital staff are the head nurses, and **Margaret Denniston** offers a sensitive interpretation of the indispensable contribution they make to nursing education. Miss Denniston is assistant superintendent of nurses in the University of Alberta Hospital, in Edmonton. **Helen Brown** presents some practical suggestions on health teaching as carried on in the oldest school of nursing in Canada. Miss Brown is instructor in the Mack Training School of the St. Catharines General Hospital.

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-EIGHT NUMBER ONE

JANUARY, 1942

1942!

Faith and Courage

To all members of the Canadian Nurses Association, at home and overseas, I bring my personal good wishes as well as those of the Executive and the Staff. Standing on the threshold of a New Year, another year in war time and, even as this message is written, with war-clouds spreading ever further and deeper, it is no easy matter to say that I hope this year, this 1942, the third year of hostilities, can hold any great measure of happiness for you either individually or as an Association. Believe me, dear members, my prayers go out this day *to* you and *for* you. You, and we, are all carrying personal anxieties at this time, known only to ourselves. It is that you may have faith and courage for these days that lie ahead that I now pray and also that you may retain that happiness that is the outcome of satisfaction in the work you are now doing.

You must all be concerned with the part that our Association is playing in Canadian affairs, and for this reason one cannot ring down the curtain on 1941 without bringing forward some of the accomplishments of that historic year, because 1941 did make history. The vested authority granted to your officers has been guarded carefully. It did make it possible to take definite action as a result of the rapidly changing national picture. Two important and representative Executive meetings were held in Montreal and, at one, for the first time, the Departments of Nursing of our Canadian Universities met in conference with, and at the invitation of, the Canadian Nurses Association to see in what

way they could help in meeting the rather extraordinary situation that our profession is now facing.

As a result of the recommendations that this group presented (and also for the first time) the Association approached the Federal Government for financial assistance. The occasion of this approach was an interesting one, and those present, I am sure, wished that you could have looked in. Our delegates sat around a table in the large board room in the offices of the Minister of Health. They presented a Brief which would show those who are carrying the load of the Dominion's responsibility that Nursing, as a national service, is second only to the Active Forces, and that its present crisis is the result of the national demands being made of it. That Brief is now before the Government for consideration. We are anxiously awaiting the outcome.

Any success that may result from our appeal is due in no small part to the courtesy of the Ministers who received us and who listened thoughtfully and sympathetically to the presentation of our urgent needs. They were the Hon. Ian Mackenzie, Minister of Pensions and National Health, and the Hon. J. T. Thorson, Minister of National War Services and, in a very special sense, Senator Cairine Wilson who introduced the delegation. As a result of her great interest and understanding of Nursing and its relation to the present national situation, the way was made very easy for the Canadian Nurses Association members to present their problem. The Brief was prepared by members of the committee charged with the responsibility of approaching the Government. It is indeed an historic document and, while the result is not yet known, one thing was evident—the grasp of the whole picture left with the Ministers, and also their realization that Nursing, as one of the major health services, must be given due consideration in dealing with either immediate or post-war problems.

What of the New Year? One of the primary recommendations, in an effort to stabilize Nursing Service throughout the Dominion and make us the more ready to accept national responsibility, was the appointment of an Advisor who would make personal contacts with the Provincial Associations and with such bodies within the provinces as might strengthen provincial effort. This appointment has been made, and we hope that early in January Miss Kathleen Ellis, B.Sc., Professor of Nursing, University of Saskatchewan, will assume this interesting office with its vital opportunities. The Provincial Associations will be asked to make similar appointments in an effort to follow up and correlate the work of the National Advisor.

This year also sees the completion of another biennial period and it is with great interest and pride that we plan the 1942 General Meeting to be held in Montreal, during the tercentenary celebrations of the arrival of Jeanne Mance, the Founder of Nursing in Canada. Great demands may be made of us during 1942, but I know we will be ready to accept any additional responsibilities, whether national, provincial, or local.

Our prayers go out for the safekeeping of our Sisters overseas and to every member of the Canadian Nurses Association goes a most sincere wish for their happiness this year—may it bring peace and understanding to the peoples of this war-torn world.

GRACE M. FAIRLEY,
President,
Canadian Nurses Association.

Nursing in Chest Surgery

EMMA JORDISON

Surgery of the thorax developed much later than that of most other parts of the body. With better and increasing knowledge of the physiology of the chest and the pathological conditions occurring with the cavity, a very rapid development of new surgical measures has taken place, especially during the last fifteen years. Many people suffering from diseases of the lung and other structures within the thorax, are now easily and sometimes dramatically cured. They are no longer doomed to years of invalidism or, if they have bronchiectasis, social ostracism.

The common operations of the thorax are: rib resection, intercostal drainage, thorocoplasty, pulmonary lobectomy, pneumonectomy, and removal of tumour from the thoracic cavity. Rib resection or intercostal incision are used in drainage of empyema and lung abscess. Patients suffering from these conditions are usually dehydrated and toxic so that fluids are administered by intravenous; in severe cases an indirect transfusion of blood is necessary. The operation is usually done under local anaesthesia and moderately heavy sedative. Two types of drainage are used—open and closed. In open drainage, a short tube or packing is introduced into the opening to insure easy escape of purulent material. The tube is cut off at the level of the skin edges and kept in place by inserting a safety pin through the end and, with strips of adhesive, securing the tube to the chest wall.

Closed drainage is used to drain large cavities and is a means of closing the cavity by filling it with lung tissue; it is also used where there is too much drainage to be absorbed by dressing pads. The tube extends from inside the chest wall into a bottle, partially filled with 1 percent lysol, hanging two feet below the chest level. The fluid from the cavity drains under the solution, and because nothing replaces the drainage, negative pressure is produced, and the lung is gently pulled down to replace the fluid. The end of the tube must never be exposed; if this happens, air rushes into the cavity, causing pneumothorax and shock to the patient. Serious bleeding may occur from vessels in the chest wall, or from lung abscess. If medical aid is not at hand, all tubes and packing should be removed and the cavity packed with dry gauze. This will usually control the bleeding; the patient should then be placed with the head low, and given morphia to allay restlessness and fear.

If the patient has closed drainage, care must be taken that the tube does not become clamped off. When this occurs, and the patient coughs, pus will be forced into tissue surrounding the opening and the virulent organisms present in drainage will set up severe chest wall infection. This accident may be prevented by having the patient lie on two pillows with the tube passing between them, or on an air ring with the tube running through the centre. The tube must never be pinned to the bed, because of the danger of the tube being pulled out by sudden movement. Closed drainage is maintained until the drainage may be handled by dressing and the cavity is closing. Little sedative is required if drainage tubes are properly in place. Pain is usually relieved by codeine in appropriate dosage.

Open drainage is watched for signs

Arrangement of dressings

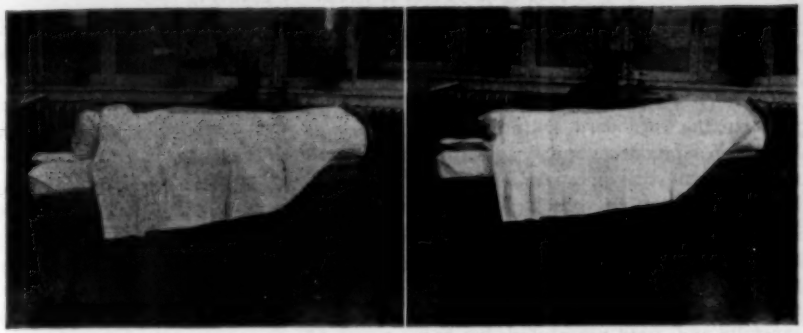
Drainage into bottle

of blocking or misplacement of the tube. The patient's condition quickly changes when this occurs, discomfort increases and pulse and temperature rise. The replacing of tube and packing is done by a doctor and it is important that this is done quickly. Openings into the thorax close rapidly after the removal of tubes and another rib resection may become necessary.

Irrigations are done rarely, and the initial treatment is given by, or under the supervision of, a doctor. Care must be taken because of the possible presence of broncho-pleural fistula. The patient is placed on his unaffected side while the fluid (usually normal saline) is introduced. Then the patient is turned and encouraged to cough. For all chest dressings, a deodorant as well as an antiseptic solution is required. Dressings on the chest wall are difficult to keep in place; tapes and ties arranged transversely are used and passing tapes through the corners of pads helps considerably. When packing is used, support is needed and may be had by use of scultetus or many-tailed binders.

The usual post-operative nursing care is given and the most important point is the maintaining of continuous and adequate drainage. By turning the patient frequently, having him cough before and after turning, and by deep breathing, the bronchi are kept free of secretions. This also causes expansion of the lung, assists in closing the cavity and prevents further infection of the lung. Elevation of the foot of the bed may promote bronchial drainage. This is especially important if an abscess perforates into the bronchi or bleeding occurs.

Patients are given fluids up to 3000 c.c. daily. The diet is quickly stepped up to high vitamin and high caloric content to improve health and build up resistance to further infection. A long period of



Continuous postural drainage

hospitalization is usually necessary and steps must be taken to keep up interests and mental health. Occupational therapy is helpful; patients may select any type of handicraft they prefer and the new knowledge is often valuable in their life after leaving hospital. Adolescents are given carefully supervised school work if desired. The patients are allowed up as soon as possible, and quickly regain their strength, their sense of well-being and their appetite. Iron is administered in the form of ferrous sulphate to increase haemoglobin. If sunshine is not available, ultra-violet ray is given.

Patients tend to use the side operated on less than the normal side. As a result, this shoulder tends to drop and, if not treated, becomes a permanent deformity. This is overcome by specially supervised deep breathing exercises in which the patient is taught the use of these muscles. Patients are rarely allowed home with drains in the chest, and then only under careful supervision. They are asked to report back to the Clinic every few weeks. It is important that they be instructed to guard against respiratory infections, and whenever they have such an infection, to go to bed and stay there until they are well.

Pulmonary lobectomy is the removal of one lobe of the lung and is most frequently performed for bronchiectasis. Lobectomy is also done for the removal of lung abscess, where the abscess has become walled off with scar tissue. When one of the branches of a bronchus leading to a lobe becomes stenosed, due to tuberculosis infection, the bronchial drainage is interfered with, infection occurs beyond the obstruction and the lobe must be removed. Cystic disease of the lung is also treated by removal of the lobe affected. When a patient is to have a lobectomy performed, a considerable period of preparation is required. The majority of these people are in poor physical condition, their illness has been of long standing, and major surgical intervention is advisable only after their condition has improved. Rest in bed, preferably in fresh air and sunshine, is essential. Diet should have high caloric and vitamin content and should include fluid nourishment between meals. Iron, in the form of ferrous sulphate, is administered with meals to increase the haemoglobin content of the blood. An attempt is made during this period, as in the whole of their remaining life, to protect them from respiratory infections.

Patients with sputum are put on

sputum routine and nurses are taught to regard them as infectious cases. They must learn to protect others by using properly the cardboard sputum cups in lidded tin containers, and by discarding their paper mouth wipes into large paper bags. These sputum containers are collected each morning, measured visually, filled with sawdust, parcelled in newspaper and incinerated. The tin containers are sterilized. Sputum is watched carefully and, until tuberculosis has been excluded, rigid isolation technique is followed. A specimen of all sputum is sent frequently for laboratory examination.

Continuous postural drainage is used where purulent sputum is coming from the lower lobes. The patient is placed gradually in position as shown in the accompanying illustration. The casters are removed from the head of the bed and the foot of the bed is raised from 18 to 24 inches by means of the insertion of shock pins into the casters. A fracture board is placed under a thin hard mattress, and one small pillow under the head but never beneath the shoulders. The patient is encouraged to lie on the affected side or prone for the majority of the time. This treatment makes the patient a better surgical risk by improving the general condition due to lessened absorption of toxic materials. There will be a smaller amount of purulent material in the field of operation and less danger of post-operative infection.

To localize and diagnose disease, a bronchoscopic examination is done and a specimen is taken of any tumour for biopsy. After the examination, as the larynx is anaesthetized, there is danger that any fluid taken by mouth will enter the trachea; therefore, the patient is given nothing by mouth for six hours, then sterile water for fours hours. The patient suffers considerably from sore throat following this procedure; mineral oil spray and warm saline gargle relieve discomfort.

During the preparation period, the mental health of these patients is good because they feel that at last something is being done for them. They are encouraged and reassured as to the success of their treatment and, to, gain their essential co-operation, they are told what is going to be done, the reasons, and the ways in which they may help, namely, coughing frequently, breathing deeply, drinking as much as possible, and helping to move and turn themselves. Important, too, is the final attempt to clear the lung of pus. The previous evening, and again two hours before the operation, the patient is instructed to place the head and shoulders well below the level of the body and to cough for twenty minutes. On the evening before, shaving is done, and a sound sleep assured by means of sedative.

The operation is usually posted for eleven o'clock. This allows time for cutdown intravenous of normal saline to be started, preparatory to giving of transfusion following operation, and for a period of rest and drainage. A sedative is administered to prevent fright and to ensure a more satisfactory anaesthesia but should not be so heavy as to suppress cough reflex. The usual arrangements are made to receive the patient; an oxygen tent is set up and equipment is prepared for closed drainage. The patient requires the usual post-operative care and, in addition, requires oxygen therapy, almost routinely. Even more than the usual attempt should be made to shield him from respiratory infections.

It is essential that the patient have

constant attention for at least forty-eights hours in order to detect and prevent such complications as haemorrhage, atelectasis, pneumonia. His colour, the character of his pulse and the nature of the drainage are noted and reported. The first sign of oxygen lack is the increase in pulse and respiration rate; there may be great need for oxygen therapy without cyanosis. Shock is combatted by raising the foot of the bed, the application of external heat and normal saline by intravenous and indirect transfusion. Rapid, shallow respirations, rapid pulse, cyanosis, pain and elevation of fever, are symptoms of atelectasis. This is the result of blocking of the bronchi by thick sticky plug of mucus; this occurs chiefly because it hurts the patient to cough. He tends to take shallow respirations and tends too, to lie in one position. Expulsion of this mucus is aided by turning the patient every hour and making him cough forcefully before and after turning. Nurses may make coughing more forceful and less painful by applying firm pressure over the operative area. Haemorrhage is treated in the manner previously discussed. Pneumonia may be caused by insufficient use and expansion of lung and poor drainage of mucus. Coughing and turning and deep breathing aid in drainage and expulsion and also in the expansion of the lung.

Where there is considerable bronchial secretion, except in the case of removal of the lower lobe, the patient may be nursed with the head low. In the case of lower lobe lobectomy, where the lower lobe on the other side is affected by bronchiectatic disease, drainage is most important. The foot of the bed is elevated 48 inches and the patient is placed on the operative side; he may be given an expectorant mixture and is encouraged to cough for twenty minutes, the bed is lowered, and he is given a sedative; this should be done twice daily. Lobectomy cases always have closed drainage. As with lung abscesses and empyema, care must be taken to prevent clamping off the tube. The patient is kept comfortable with morphine and must cough before any sedative is given. As morphine is a respiratory depressant, it is given in small doses and only for a period of forty-eight hours, after which codeia is given. In order to get the patient to cough, it is necessary to give him enough sedative to relieve most of his pain. Coughing is encouraged fifteen minutes after the sedative is given.

To replace fluid lost during operation, up to 3000 c.c. is given by intravenous during the first twenty-four hours, at the rate of 150 c.c. per hour; then it is given by mouth. Excess fluid should not be given, and intravenous should be discontinued as soon as intake by mouth is sufficient. Diet is rapidly stepped up after fifty-six hours; the patient usually will tolerate full diet after seventy-two hours. Fluids to 2400 c.c. daily are necessary during convalescence. Retention of urine and nausea rarely occur. The patient suffers from pain referred to the upper quadrant of the abdomen, and pain due to injury of the intercostal nerves; this may be relieved by heat.

A clear picture of the patient's progress and treatment may be had from the patient's temperature chart if this is properly kept. Points recorded are: daily output of sputum and its character — purulent, muco-purulent, blood tinged, clear, mucus; the amount and character of drainage from closed drainage tubes or aspiration; daily fluid output per voiding; daily fluid intake by mouth, intravenous, transfusion; dosage

of sulphanilimide administered; oxygen therapy; date of removal of drainage tube. The most common complication is empyema; this is treated by rib resection and drainage. New treatments are being tried which shorten the period of convalescence. Recently, the closed drainage tube which formerly remained in at least six weeks has been removed in three to four days, with no ill effect. Convalescent care and treatment is the same as for rib resection.

Pneumonectomy is the removal of a lung. This is done to remove tumours of the lung, benign tumours, stenosis of the main bronchi causing collapse of the whole lung, and chronic lung abscess. It has been found that bronchogenic carcinoma occurs as often as carcinoma of the colon and rectum. If diagnosed sufficiently early, a certain number of these cases can be cured by pneumonectomy; just how many, it is too soon to say. The preparation of the patient is the same as for lobectomy with these additions: just before operation, an attempt is made to induce artificial pneumothorax, that is air is introduced into the chest cavity to collapse the lung. This breaks down minor adhesions and lessens shock post-operatively. The immediate pre-operative preparation is similar to preparation for lobectomy but there is a difference in preparing to receive the patient. An oxygen tent is set up but, since there is no drain through the chest wall, no equipment is necessary for closed drainage. A chest aspiration tray is placed in the patient's room because fluid and air may collect in the cavity, causing pressure on the mediastinum; this gives rise to respiratory and cardiac embarrassment and requires immediate treatment.

The patient rarely has as much bronchial secretion as a lobectomy, so that postural drainage is not usually required. The post-operative course is usually smoother and shorter, there is less pain and discomfort and fewer complications are met with. Empyema and mediastinitis are infrequent complications. Patients are usually allowed to be up in from seven to nine days and care during convalescence corresponds to that already described. Those who have had pneumonectomy performed, may undertake light work and lobectomies can tolerate fairly heavy labour. Thanks to this new field of surgery, these people make a good adjustment and are able to share the life of the community as useful citizens.

A Well Merited Recognition

The nurses of Canada felt very proud when, in May, 1941, it was announced that Miss Elizabeth Smellie, C.B.E., R.R.C., Matron-in-Chief in Canada of the R.C.A.M.C. Nursing Service, had been requested by the military authorities to supervise the organization of the Canadian Women's Army Corps. It stands to reason that the woman chosen for such a difficult task would find full scope for a capacity for enlightened leadership, as well as for the exercise of unlimited patience and tact. It goes without saying that Miss Smellie proved herself worthy of the trust reposed in her and no one will be surprised (though everyone will be pleased) to hear that when the task of organization was successfully completed, most cordial appreciation of her services was expressed to her by Colonel the Hon. J. L. Ralston in these words: "I value more than I can ever say the work Matron Smellie has done in connection with

bringing this institution to the point where it is a going concern. Matron Smellie has travelled from one end of Canada to the other making a preliminary survey which has been invaluable and we are looking forward to a continuance of her support". Colonel Ralston also said that, while he was keenly aware that the job had not been an easy one, Miss Smellie had done it so well because of her wide experience and understanding interest.

The direction of the C.W.A.C. has been assumed by Mrs. Joan B. Kennedy who has been appointed Officer Administering the Canadian Women's Army Corps with the title of Senior Commander. Mrs. Kennedy has been staff officer for Military District No. 11 since August, and was the first officer appointed to the Corps.

The further progress of the Corps will be watched with interest by the nursing profession which, in the person of one of its most distinguished members, had the honour of organizing it.

Nursing Service in Small Hospitals

GERTRUDE M. HALL

In the November issue of *The Canadian Nurse*, may be found an article entitled, "What is the Small Hospital to Do?" in which some interesting and pertinent questions were raised. That the small hospital is necessary to the community in which it is located can hardly be denied and, in many ways, its importance is out of proportion to its size. Not only is it important from the standpoint of the physician, and the patient, but it dominates the thought and action of the community in regard to nursing and nursing education. Almost without exception, the people who control these hospitals honestly believe that the only possible way to care for their patients is by means of a school of nursing and this is the only reason for the existence of the school. The cost of maintaining a graduate staff is usually considered prohibitive, although in most instances this conviction is not supported by actual facts or figures. Unfortunately, the comparative costs of graduate versus student personnel have not yet been sufficiently analyzed or studied by boards of directors of Hospitals.

If the aim of the nurse in service is chiefly to make the patient comfortable and to carry out the doctor's orders in a more or less mechanical fashion, then obviously the aim of the school of nursing should be to train students to acquire the necessary skills and bits of information that will enable them to do these things. Not a few schools apparently believe that this aim is all sufficient, and that these skills can be imparted, like tricks of the trade, while the student nurse is providing the cheap labour and cheap nursing service that enable the hospital to balance its financial statement.

In order to offset such unsound theories, it is the responsibility of nurses and nursing organizations to enlighten the public as to the proper functions of a nurse in a modern community. It is because of the increased responsibilities that nurses are being expected to carry that nursing education must be placed on a professional level. The nurse of

to-day must be able to give expert bedside nursing care in all types of illness and, if we pause to consider the implications of that statement alone, we must frankly confess that many schools do not afford the variety of experience which is necessary if we are to insure a well balanced education in all the major branches of nursing. It is extremely doubtful whether a hospital having less than a hundred patients per day can provide a sufficient variety of clinical experience. Administrators admit that the affiliations that are now necessary add much to their burden, the cost to the hospital is increased, because of the loss of the services of the student, and a larger number of students or added graduate staff is required. Repetition of lecture courses, missed by the student while she is away from the school, increases the load on the teaching staff and, in addition, there are travelling expenses and other incidentals.

When we consider that 90 percent of the student's time is spent on practice on the wards, there can be no question but that the ward is the strategic point for teaching and learning, and this means that qualified clinical teachers and supervisors must be available. Can the very small hospital finance this qualified teaching staff and provide the equipment necessary for a good teaching program? The statement has been made that the small hospital cannot even afford an instructor and that, therefore, the superintendent of nurses must undertake such teaching as is given. Yet boards of directors admit quite frankly that the superintendent of the hospital is frequently superintendent of nurses, housekeeper and dietitian, is on call at night; gives the anesthetics; has charge of the operating room; and does all the teaching except that done by the doctors. In not a few hospitals she admits and discharges the patient; makes out and collects the bills; supervises the laundry; does the buying; sees the patients' friends; answers the telephone; waits on the doctors; looks after the records and the bookkeeping; scrubs for major operations and supervises the students in the operating room. During the busy morning hours, when important treatments must be given, the students work day after day with little supervision. The superintendent is late for luncheon; telephone numbers have been left for her; the janitor, the cook, the laundress are all waiting to consult her. Three o'clock is rapidly approaching when the harassed woman is supposed to teach a class and, as soon as possible, she must give a test in metabolism or take an x-ray picture. Your whole heart goes out to her, all the more because she often does not realize her limitations and may have had no scrap of preparation in any branch of hospital administration. One wonders sometimes how the organization hangs together. It would not do so if it were not for the innate goodness and helpfulness of human beings.

The author of "What is the small hospital to do?" claims that the student in a small hospital gets a sound practical training. This is a debatable point. The perfecting of mechanical skills and activities is only one objective and, important though it may be, it is not sufficient. True, anyone may administer prescribed medication without knowing what it is, what it is given for, what it may be expected to do, and what unfavorable results it may have; but not for a moment should we tolerate such blind obedience on the part of the student nurse. The average doctor expects the nurse to observe patients closely and to report any change in their condition. This ability to observe and interpret means the exercise of balanced judgment which is the result of train-

ing and experience. Student nurses do not acquire this ability by inspiration or intuition, they must be well taught, well supervised and guided, before they reach this stage.

That graduate nurses sometimes do not enjoy working in a small hospital where they are faced with the necessity of doing heavy work with inadequate equipment, long hours of service and disgracefully low wages, seems a poor argument for expecting students to accept these conditions. Are we not expecting the impossible in trying to establish good techniques, leading to good standards of nursing care, when the equipment is either inadequate or entirely lacking? It is useless to teach the principles of bacteriology when sterilization and hand-washing facilities are so inadequate as to create a problem every time their use is indicated. A student who is exhausted from long hours of service is not likely to absorb the teaching which is given, especially when the teachers are also so overworked that little time could be given to the preparation or presentation of the material. The lack of a classroom or blackboard, the students sitting around the dining room table in a dingy room in the basement, does not provide a stimulating atmosphere and one questions whether the effort of teacher or student is justified.

All schools of nursing have a further responsibility to the students. I refer to the cultural aspect of the student's development. That the hours of service should be such as to allow some time for study, to read and to have some social life, cannot be denied by any sane-thinking person. Library facilities and a daily newspaper are a necessity in any school. Opportunities should be provided for social activities where social amenities may be acquired and practiced. The graduate represents her school and her profession and must be prepared to serve in all types of homes and among all classes of patients.

In the end, we come back to the point from which we started—the need of adequate financial support of hospitals that they, in turn, may function for their primary purpose which is the care of the sick, the nursing service being provided for in the hospital budget. Those who hold that a graduate staff is more difficult to supervised, less stable and so on, have in these very statements a challenge to try and find a solution for these problems. The freedom of living away from the institution is one means, an eight-hour day and sufficient salary to maintain proper standards of living are others. Contrary to the expressed opinion that graduate nurses will not serve in small hospitals, we find that, given the proper conditions, there are many who are ready and willing to do so. During the last few years the general duty nurse has become a necessary part of the nursing personnel and has proved her worth. Nevertheless, routine duties must of necessity be carried by her and routine does become monotonous even to the most conscientious and enthusiastic person. It is for this very reason that administrators have sought to relieve the general duty nurse of such tasks by selecting and preparing women who are acceptable as subsidiary workers. These women prefer to serve in an institution where they enjoy regular hours and good working and living conditions.

The kernel of the problem of the small school seems to lie within the greater problem of servicing the hospital, and we must persuade Hospital Boards not to permit their own financial exigencies (which should be taken care of elsewhere) to upset the principles of sound educational practice.

Letters from Sweden

ELIZABETH LYSTER

Author's Note: While on a holiday in New York City, in March 1940, I learned of a Field Hospital Unit which was being formed to give medical and nursing aid to Finland in the war which they were fighting against Russia at that time. I was lucky enough to be accepted as a member of this Unit and, although the war had come to an end before we sailed, it was thought that we could give valuable help in reconstruction. Our arrival in Sweden preceded, by two days, the invasion of Norway by the Germans. After some deliberation, it was thought that, well-equipped as we were, we could do more valuable work in Norway, it being then impossible to foresee the short duration of this phase of the war. There are some gaps in the general picture as presented in these letters, due in part to my laziness as a letter writer and, in part, to difficulties and hazards in postal and censorship services.

When a desire to see and share again the things which go to make up life in Canada became strong within me I found that the pathway home led in one direction only — around the world! After four months of waiting and disappointment, I began my homeward journey by way of Russia and, after a brief visit to Japan, crossed the Pacific Ocean to San Francisco.

On board ship

March 28th, 1940

Dear M:

No sign of sea-sickness yet, but the boat is very steady and no rough weather. It is snowing a little this morning, but not very cold. We cast off our last ties with North America at five minutes to midnight and most of us stayed up to watch the lights of New York finally fade away. The dim outline of the Statue of Liberty with its bright flare of light held aloft saluted us silently.

April 3rd, 1940

As you will see much time has elapsed since the above lines were written. The excitement just now is whether the "British" will get us, in which case we shall spend from seven to nine days in Kirkwall. The second day out we had life-boat drill and while on deck passed an American destroyer which was demurely following in the wake of a large freighter. Since then we have passed several ships at night showing lights, so undoubtedly neutral. We have (or had) 150 African monkeys on board. Yesterday there were only 147, and I have not heard whether any have died since. They are going to used for laboratory work on infantile paralysis. There is also a whippet which belongs to the British Minister in Stockholm (formerly in Washington) which is being taken over to join his master.

Among the few cabin passengers, there is a very distinguished professor, an ophthalmologist; and a director of a museum of arts and handicrafts in Gothenberg. He is a nephew of Dr Munthe, the author of "The Story of San Michele" and is returning from a lecture tour in the United States.

Stockholm, Sweden

April 13th, 1940

So much has happened to us and to the world since I last wrote, and all our

plans have been in a state of upheaval. Today, at last, it has been decided to send us to Norway, and we leave early to-morrow—no use saying where.

We stayed overnight in Bergen, then came straight through to Stockholm. The journey took about twenty-four hours which was running things pretty close. (*Author's Note*: The Germans invaded Norway two days after we left Bergen). There are millions of things to say but, for obvious reasons, I shall say none of them.

This is a nice city, built on islands, so there are many bridges. There are always ducks and gulls on the water, and many small parks which must be lovely in the spring and summer. They tell me that most windows have flower boxes in summer and that they hang baskets of flowers on the lamp posts — in fact, flowers high up, low down and in between. The street-cars are a nice sky blue, and usually amble along in pairs; the buses are blue or red or yellow, and all traffic is to the left including revolving doors. They have fun sometimes, I think, watching us trying to push them the wrong way. Everyone is very polite and helpful, however.

I am becoming quite a "badstu" addict and today I folowed it up with a Swedish massage and a 45 minute walk, which was unintentional as I got lost. A "badstu" is a pleasant form of torture. You scrub yourself energetically with a sponge, resembling nothing so much as a handful of pale shredded wheat, or a brush which we would call a floor brush, and soap, then a shower and then you go into a room where the thermometer hovers around 60 to 70 C. where you sit or lie until little rivers start flowing over you from all directions. Hardy perennials can stand this for twenty minutes. After this you have another shower or a swim in a nice large pool. Today, instead of the swim, I had a massage — more torture. Those girls' fingers are like steel! After oiling, pounding, slapping, kneading, she scrubbed me from top to toe, back and front, with more shredded wheat, put me under a hot and cold shower and led me to an overgrown bath tub where I was told to "immerse" myself. The water was 15-C. so I didn't stay in long!

You all seem very far away and I wish I could know you are all as well as I am (and as clean!)

Ostersund, Sweden
April 24th, 1940

Dear M:

We left Stockholm by train a week ago, and arrived at a place called Sarna. Our transportation is in charge of a Norwegian Captain who is on his way back from Finland. At Sarna we joined forces with a Norwegian woman doctor, who was also on her way back from Finland, and with a Fru P. who did not know where her husband was (they are Norwegians) but one day he turned up at Sarna. He is a doctor and has seen something of the doings in Norway.

On Sunday morning we were up at 4.30 a.m. after a few hours sleep and on the road at 6 a.m. All our ambulances are lost (or mislaid) but we have acquired one ancient four-door sedan staff car, three panel trucks, and nine trucks. At four in the afternoon we made our first real stop at Los for a real meal, having made a detour of some 250 kilometers around a few mountains. We started on again about 6.30 p.m. and arrived here about 10 o'clock the next morning — yes, going all night. They fitted up the panel trucks as sleepers with the aid of trunks, straw sacks, and sleeping bags, and three of us at a time took turns resting. I coudn't sleep, but at least it was a change of position and warm. There is still plenty of snow around but the roads most of the way

were good, especially at night and in the early morning before the sun got at them. For economy's sake we have moved into the school gym here and with the help of a large tarpaulin and some blankets have made two dormitories. The Red Cross have lent us some cots and blankets and we filled "paillasses". Because I am a possessor of a sleeping bag, I am on the floor with a straw mattress. I slept all night soundly and am told I snored like a trooper. We do not know where or when we will be on our way again, but all hope it will be soon and down to work with a vengeance. As you can imagine, it is not too easy transporting all this equipment.

Hurrah, we have just been told we leave at 3 p.m., in less than an hour. Must fly and pack.

Goddede, Sweden

April 26th, 1490

Dear M:

Well, we are living in a country school-house here and sleeping on small children's beds with mattresses stuffed with wood shavings — very comfortable, really. We arrived about 2.30 on the morning of the 25th — a wonderful trip. It didn't get dark till about 11 p.m. and daylight started coming back about when we were crawling out of the trucks. They had a hot meal waiting for us — imagine eating meat and vegetables at 3.15 a.m.! Then, we turned in and I don't think I moved a muscle.

All the cars have red crosses painted on them, one on each side and one on top. Also most of them have tarpaulin covers and some have red crosses on these covers too, and now today, they are busy painting smaller canvasses with more crosses, so we are well marked. We cause a sensation every place we stop and the whole town turns out to stare.

This place is like heaven. It is heated and we have *hot water* — a priceless and very scarce thing in our lives these days. We have all been busy washing ourselves and our clothes and the place looks like a laundry with every radiator draped with long woollen undies, socks, blouses, and pyjamas. All the children have been sent home — this place is right on the border. Of course —!

I have never seen so many trees in all my life. The roads are cut through forests of evergreens for miles and miles. The trunks of the trees are free of branches almost to the top—they grow very straight and the bark about halfway up is a golden brown colour. Today, and in fact almost every day since we landed, has been gorgeous — sunshine, snow-covered mountains, the breeze stirring the trees a little, and a pale blue clear sky stretching up and above us on every side. Today will be a red letter day for some of us, for mail is expected to catch up with us this afternoon. Unfortunately, more is expected to-morrow from Stockholm, and we leave here to-night — over the mountains and far away. I hope my laundry will be dry — my big worry at the moment. I sat in some red paint this morning when I was greasing my ski boots and the cleaning fluid only made matters worse. I am not only faintly red, but white in the rear now.

Grong, Norway

May 8th, 1940

Dear M:

Here I am safe and well. Is is rather hard knowing just what to write. I am not at all certain that anything I have written you has arrived and I have not received a word from anyone though I know there must be quite a number of letters drifting around somewhere. Most of us feel it is rather a waste of paper,

since the chances of any of it being received are 1,000 to 1 against. Since we left Sweden, we have had considerable excitement one way or another. We took twenty-four hours coming about 66 miles up over a mountain range, through snow-banks which were 12 to 15 feet high in one place. The road was cut through these and so narrow that the trucks were often being dug out of them. Roads here never run straight for more than a few hundred yards at any point. It was a lovely day, sunshiny and not too cold. I spent the time during the many stops (while they were digging out the trucks) running about on top of the snow-banks and got quite a nice healthy colour. We are stationed in another school and are using the hall or gym as a ward. It has about 45 beds in it. Most of our patients are lads who were in a bad train collision and now we have two German boys. We have stopped paying any attention to aeroplanes. One of the first days here we had nine "visits" and were worn out either running to peep out of doors or windows or down to the basement.

Grong, Norway

Dear M:

I have just discovered a partly written letter, written on April 5 from Bergen, in Norway, but never posted. This omission is typical of me but perhaps excusable under the circumstances. I am enclosing it because it gives details of that evening in Bergen. It is interesting to speculate that those freighters probably disgorged Germans three or four days later. So innocent they seemed that day, riding at anchor at the doorstep of that lovely town. And here is the letter:

Thursday night was the Captain's dinner and everyone donned fancy caps. Then there was dancing and about midnight, the pilot boat came alongside and we knew that we were safe (from the British!) and would be in Bergen next day. Late Thursday afternoon, there was a very faint marking along the port horizon which the deck steward told me was Norway. Later, there were the lights of a small town and many light-buoys, and at 4.30 a.m. everyone was routed out of bed, and in the cold early morning light we gazed at rugged cliffs and snow. It was so lovely and wonderful that we were all glad to be up, tired though we were from the night before.

I stumbled into bed and slept for an hour or two before lunch, and at about 3 p.m. we anchored outside Bergen, waiting for a large Norwegian freighter to finish loading and let us in to the wharf. Off our port side, strung out in a line were five freighters, first and farthest out was a dark grey-black Britisher, then "Suomi", then a Swedish, then a Danish and just off shore, a Norwegian. Near the shore, were two cruising yachts and off our starboard side were anywhere from twenty-five to thirty freighters, dotted all over the inlet, their prows all headed the same way — out — waiting for the word "go".

Bergen rises, layer on layer, in bright colours. Nearly all the houses are of wood and about 90 percent of it was burned in 1916. It has been re-built and has grown since then to a city of about 100,000 people. We finally landed about 5 p.m., had our pictures taken for the umpteenth time, decided not to catch the night train, thank goodness, and went to a very nice hotel. The taxis drive like mad and our hearts were in our mouths. After parking our belongings, we took the funicular railway up the mountain, about 1,000 feet, in time to see the sunset over the fiord and our ship sail away to Gotheberg. We had dinner at the restaurant up there and then five of us visited a Norwegian couple. There I saw my first tile stove and that night, for the first time too, I slept under a down mattress — lovely. Perhaps I shall be able to bring one home with me.

(To be continued)

Miss Martin Makes a Time Study

GERTRUDE M. HALL

In the December issue of the *Journal* ("Finding the Time", p. 824), the story was told of why Miss Martin, supervisor of a busy ward in a six hundred bed hospital, came to the conclusion that nursing procedures must be timed if we are ever to find out how many nurses it takes to give good care to a given number of patients. Although she had suggested that a time study should be made, she was a little startled when Miss Caley, the superintendent of nurses, relieved her from duty so that she could make it herself. However, with the enthusiastic assistance of the graduate nursing staff, she set to work at once.

It was decided that the study should cover a period of three months and that a number of different treatments should be timed and their frequency and time of occurrence recorded. Miss Martin used a stop watch so that all timings should be accurate. The constituent parts of the timing of each treatment included: preparation for treatment; giving treatment; cleaning up after treatment; charting of treatment. A list of treatments was first compiled, with the assistance of the surgical supervisor and copies of this were distributed to all the wards. The nurse-in-charge recorded the treatments done each day and returned the slips to the training school office each evening with her day report. In addition, the time of day each treatment was given was noted.

Eleven wards were visited by Miss Martin in her capacity as observer and timer. These included 8 public wards (4 male, 3 female, 1 segregated); 3 semi-private wards (2 male, 1 female). A summary of the special treatments observed by her during a period of three months follows:

Intravenous infusion: total number of intravenous infusions given in 3 months—1981.
Total number timed—92.
Average—26 min. 09 sec.
Minimum—12 min. 43 sec.
Maximum—87 min. 45 sec.

In addition to the time spent on the wards, it was estimated by the night nurse in the operating room that she spent approximately 15 minutes preparing each flask of solution to be sterilized, and 10 minutes preparing each intravenous bundle. This would add an additional 25 minutes nursing time.

The time at which 1981 intravenous infusions were given was noted as follows: 20 from 1 a.m. to 7 a.m.; 680 from 7 a.m. to 1 p.m.; 1098 from 1 p.m. to 7 p.m.; 183 from 7 p.m. to 1 a.m. By far the greater number were given when the wards were not well staffed because the students were at class. Furthermore, in the case of patients who are receiving two or more infusions per day, better spacing seems indicated. The reason that most infusions were given in the afternoon was that the internes are engaged in making rounds and assisting in the operating room during the morning hours.

Blood transfusions: total number of blood transfusions given in 3 months—147.
Total number timed—13.
Average—58 min. 26 sec.
Minimum—26 min. 21 sec.
Maximum—114 min. 30 sec.

As noted under the caption of intravenous infusions, an additional 25 minutes nursing time is spent in the operating room, preparing solutions and bundles for each transfusion. Also, the nurse-in-charge often spends considerable time arranging for donors.

Lumbar punctures: total number of lumbar punctures done in 3 months—175.
Total number timed—32.
Average—41 min. 15 sec.

Minimum—25 min. 53 sec.
Maximum—57 min. 01 sec.

The gloves used for lumbar punctures are cleaned and prepared for sterilizing when several pairs have accumulated, some having been used for other purposes. This time was not included. It was estimated by the supply room staff that 8 to 10 minutes is spent on each lumbar puncture set when returned to be sterilized.

Intramuscular injections: total number given in 3 months—709.
Total number timed—5.
Average—8 min. 08 sec.
Minimum—6 min. 45 sec.
Maximum—11 min. 35 sec.

Intravenous injections: total number given in 2 months—170.
Total number timed—2.
Average—8 min. 14 sec.
Minimum—7 min. 07 sec.
Maximum—9 min. 25 sec.

Intramuscular and intravenous injections are given by an interne who in some instances prepares the medication and gives it without the assistance of a nurse. In the cases timed, the nurse prepared the injection and went to the bedside with the doctor.

Punch operations: total number performed in 3 months—66.
Total number timed—39. Nursing time estimated for the first twelve hours after operation:
Average—2 hrs. 21 min.
Minimum—28 min.
Maximum—6 hrs. 31 min.

The minimum time recorded was a second stage punch with very little resection.

The Elliott machine: this machine is used for the treatment of pelvic infections, salpingitis, or metrorrhagia. Each patient receives one treatment each day, a complete series being 16 treatments.
Total number given in 3 months—36.

Three of the treatments timed were demonstrated by the head nurse to one or more students:
Average—60 min. 12 sec.
Minimum—52 min. 20 sec.
Maximum—67 min. 55 sec.

Four of the treatments timed were done by a student, supervised by the head nurse:
Average—39 min. 25 sec.
Minimum—19 min. 57 sec.
Maximum—26 min. 22 sec.

Abdominal perineal resection:
Dressing of posterior incision: total number done in 2 months—302.
Total number timed—12.
Average—9 min. 17 sec.
Minimum—5 min. 25 sec.
Maximum—14 min. 50 sec.
Irrigation of posterior incision: total number done in 2 months—93.
Total number timed—7.
Average—20 min. 21 sec.
Minimum—14 min. 19 sec.
Maximum—25 min. 25 sec.

Colostomy dressings: total number done in 2 months—2077.
Total number timed—8.
Average—13 min. 11 sec.
Minimum—9 min. 30 sec.
Maximum—21 min. 20 sec.

Colostomy irrigations: total number done in 2 months—107.
Total number timed—11.
Average—28 min. 26 sec.
Minimum—11 min. 35 sec.
Maximum—43 min. 10 sec.

Forced fluids: By timing the routine of forcing fluids on the urology ward, including the time spent by the night nurse, it was estimated that 5 minutes was spent daily on each patient. As all 28 patients are on forced fluids the total time spent would amount to 2 hours and 20 minutes daily.

Sterile preparations: total number timed—4.
Average—63 min. 01 sec.
Minimum—47 min. 40 sec.
Maximum—80 min. 15 sec.

Sterile preparations are usually done between 6 p.m. and 7 p.m., by the day staff and the help of a second nurse is often necessary.

Duodenal drainage: a record was not kept of the frequency of this procedure, but from questioning the nurses on ten wards it was estimated that 8 had occurred in 3 months. The one procedure timed was done by a graduate nurse and took 3 hours nursing time, from 8.30 a.m. to 11.30 a.m.

Sigmoidscopic examination (done on the ward): total number in 3 months—6.
Number timed—1.
Time—45 min.

In making a careful analysis of the timing, Miss Martin found that there was sometimes a considerable difference in the time required to give the same treatment. This difference was traced to a variety of causes. In May, the average time required for an intravenous infusion was approximately 18 minutes, but when a new group of internes took over the service in June, the time required rose to approximately 23 minutes. Demonstration, by a supervisor, of an Elliott treatment took 60 minutes, while supervised administration took 40 minutes, and an unsupervised administration took only 17 minutes. Miss Martin is more convinced than ever that ward teaching is a time-consuming process. Much time was lost because of faulty and insufficient equipment. Junior nurses were often unfamiliar with the ward, and time was wasted in running to and fro between the service room and the bedside. In analyzing the nursing personnel who either gave, or assisted the doctor in giving certain difficult treatments, Miss Martin was dismayed to find that student nurses seldom got a chance either to observe or to acquire skill. Out of a total of 335 difficult treatments, 245 were given by graduate nurses. The total number of students who assisted was only 90, and of these 33 were in their first year, 41 in their second year, and 16 in their third year.

With the time study before her, Miss Martin proceeded to draw up findings and recommendations for submission to the superintendent of nurses and the next issue of the *Journal* will tell you what they were.

(*To be continued*)

R.C.A.M.C. Nursing Sisters on Duty in Hong Kong

We are all very proud that Canadian troops are helping to defend Hong Kong and that two members of the R.C.A.M.C. Nursing Service have also been assigned to duty in this distant outpost of the British Commonwealth of Nations. The nurses who have been given this honour and privilege are Nursing Sister Anna May Waters, formerly of Fort Osborne Military Hospital, Winnipeg, and Nursing Sister Kathleen Georgina Christie, formerly of Toronto Military Hospital. We want to assure them that we are confident that they will give a good account of themselves and to tell them that we shall all keep them constantly in mind as they go about the daily task which involves so great a risk to their personal safety.

Nursing sisters, as well as doctors and other medical personnel, who may fall into the hands of the enemy, are not regarded as prisoners of war. They may be retained and employed, but only in technical duties, so long as their services are required. While so employed they receive the same pay, rations, and headquarters as do the corresponding ranks of the enemy in whose hands they are. They must be returned to their own side as soon as the necessity for their retention has passed or when the military situation permits.

The following appointments to the R.C.A.M.C. Nursing Service in Canada have recently been announced: Miss D. F. Harris as Nursing Sister-in-charge of the London Military Hospital; Miss O. H. Munro as Nursing Sister-in-charge of Fort Osborne Military Hospital, Winnipeg.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

British Civil Nursing Reserve

The High Commissioner for the United Kingdom, the Hon. Mr. Malcolm Macdonald, recently made enquiries from the Canadian Nurses Association as to the possibility of recruiting nurses who would be willing to pay their own transportation to Britain. Such nurses would be referred to Civilian Hospitals. The need of relief for both hospitals and nurses is very evident to Canadian nurses, who, up till the present, have enjoyed normal professional working conditions with possibly a consciousness of fairly rapid turnover of personnel in certain centres of the Dominion. At an early date it is hoped to publish further information as it is realized this experience would prove intensely interesting. Any nurses interested in this very worthy service are requested to communicate in the first place with Miss Jean S. Wilson, Executive Secretary, Canadian Nurses Association, 1411 Crescent St., Montreal.

General Meeting 1942

When the Association of Registered Nurses of the Province of Quebec first extended an invitation to the Canadian Nurses Association to meet in the city of Montreal in 1942, it was anticipated that Montreal would be celebrating its tercentenary and that the twenty-first general meeting of the national organization would become one of the greatest in the history of the Canadian Nurses Association. The city of Montreal has abandoned its plans toward making the year 1942 one of historic observation, but the Provincial Association of Registered Nurses is proceeding with arrangements for a national meeting to suit war-time conditions.

The arrangements committee, convened by Miss Mabel K. Holt, with Mlle S. Giroux as co-convener, consists of several sub-committees, as: registration and information, Miss E. F. Upton, Mlle A. Albert; housing, Miss M. Moag, Mlle M. Roy; accommodation for Religious Sisters, Rev. Sr. Valerie; entertainment, Miss Ferguson, Mlle E. Lynch; University Alumnae, Miss M. Mathewson, Mlle A. Martineau; interpreters, Mlle S. Giroux and Mlle J. Trudel; publicity, Miss M. Batson, Mlle A. Albert. The Windsor Hotel, which has been selected as convention headquarters, offers excellent accommodation in every way.

The Executive Committee of the Canadian Nurses Association will meet on Friday and Saturday, June 19th and 20th. The General Meeting will open on Monday, June 22nd, with adjournment on Friday evening, June 26th. The Executive Committee will hold sessions on Saturday, June 27th. In an early issue, details of the programme that is being planned under the convenership of the President will be announced.

A Vital Matter

The Canadian Nurses Association was represented by Miss Marion Lindeburgh, Second Vice-President, and the Executive Secretary at a meeting of women's national organizations which was held in Ottawa on December 15, 1941. The meeting was called by the federal authorities for the purpose of imparting information and soliciting the active participation of every woman in Canada toward helping the Governmen. in its fight against inflation. The representatives of eighteen women's national organizations were addressed by the Minister of Finance and by the Chairman of the War Time Prices and Trade Board and received detailed instructions from the officers of the Board on proposed methods of procedure by which women in their daily purchases may keep a check on prices. The federal authorities were given the assurance of the support of each member of the Canadian Nurses Association in their plan for a nation-wide fight against inflation.

British Nurses Relief Fund

The generous appreciation of the nurses of Britain to the financial assistance from Canadian nurses produces a sense of embarrassment to the latter as they think of the circumstances under which the former are carrying on. However, we are pleased to quote from a letter by the secretary of the Royal College of Nursing in which she states:

I do wish that you, or other representatives of the Canadian Nurses Association, could be present at the College when news of the generous gifts arrive here. In this way only, I think, could you really appreciate the real feeling of gratitude and encouragement which this assurance of your interest and support brings to us.

Then, too, the following letter brings an intimate realization of the dangerous experiences that are being met so courageously by the nurses of Britain. Canadian nurses are so thankful that their financial help is available for such nurses as the writer of this letter:

I wish to send a truly sincere 'thank you' to your Canadian Nurses Fund which gave me a very generous cheque. It came, too, at such a needed moment. I had just returned to this country and whilst things were being straightened out for me, I was just marking time with, I may say, a much lighter step and heart after your timely help arrived.

Perhaps I should explain that I was one of the nurses engaged taking British children out to safety in Australia. We left home on August 19 and safely landed our five hundred kiddies in Perth, Melbourne, Sydney. The first available passage home was via New Zealand and nineteen nurses and escorts took it. We left Auckland on the *Rangitane* on November 24th and on the 27th were attacked by three German raiders, disguised as Japanese. Possibly you may have read how they took us on a month's Pacific cruise, sank five more ships, landed five hundred of us on a South Sea Island from which we were rescued and taken back to Australia.

Luckily three nurses, myself included, were uninjured and so were able to nurse our wounded folks and those from the other ships, possibly about fifty. Two of our nursing sisters were badly injured, one had to have her right arm amputated, and six of the escorts were killed. But the German doctor was most thorough in his care of everyone and they were well on the way to recovery when we landed on the Island.

We met with wonderful hospitality in Australia whilst awaiting return and it is marvellous to find such practical help awaiting me here from Canada.

Contributions to the British Nurses Relief Fund have been received from:

Alberta:
Alberta Association of Registered Nurses $320.00
British Columbia:
Alberni Chapter, Registered Nurses Association of British Columbia 40.00
South Okanagan Graduate Nurses Association 6.00
Vancouver Graduate Nurses Association 157.60
New Brunswick:
Bath Hospital, Bath 10.00
General Nursing Section and individual contributions, Saint John 88.00
Lancaster Military Hospital, Saint John 14.00
Moncton Chapter, New Brunswick Association of Registered Nurses 72.25
Provincial Hospital, Saint John 19.77
Saint John Tuberculosis Hospital 32.00
St. Joseph's Hospital, Saint John 6.00
Saint John General Hospital 95.50
Saint John Public Health Section 38.50
Nova Scotia:
A.A., Aberdeen Hospital, New Glasgow 24.00
A.A., Halifax Group, Royal Victoria Hospital, Montreal 15.75
Aldershot Camp Military Nurses 1.50
Antigonish - Guysborough-Inverness & Richmond Branch, Registered Nurses Association of Nova Scotia 4.00
Cape Breton & Victoria Branch, Registered Nurses Association of Nova Scotia 6.58
Colchester Co. Branch, Registered Nurses Association of Nova Scotia 20.50
Halifax Branch, Registered Nurses Association of Nova Scotia 15.25
Lunenburg County Branch, Registered Nurses Association of Nova Scotia 5.00
Quebec:
Association of Registered Nurses of the Province of Quebec 1000.00
Saskatchewan:
A.A., Queen Victoria Hospital, Yorkton 10.00
Graduates and Student Nurses, Moose Jaw General Hospital 24.00
Individual contributions 10.00
Moose Jaw Graduate Nurses Association 25.00
Nurses of Victoria Hospital, Prince Albert 7.50
Student Nurses, Regina General Hospital 15.00
Student Nurses Club, Saskatoon City Hospital 25.00
Student Nurses, Holy Family Hospital and Catholic Graduate Nurses Association, Prince Albert 13.50
Nursing staff, Shaunavon Union Hospital 14.00
School of Nursing, St. Paul's Hospital, Saskatoon 25.00
Yorkton Nurses Voluntary Service 24.82
Ontario:
Districts 2 and 3:
A.A., Lord Dufferin Hospital, Orangeville 10.00
Listowel nurses 12.00
Nurses of Districts 2 and 3 20.00
Florence Nightingale Club, Brantford 90.00
Walkerton nurses 50.00
District 4:
Welland nurses 20.00
District 5:
Matron and Nursing Sisters:
Toronto Military Hospital 24.50
Chorley Park Military Hospital 36.00
Camp Borden Military Hospital 26.27
Staff nurses, Toronto Hospital, Weston 15.00
St. Elizabeth Visiting Nurses Association 246.08
Victorian Order of Nurses, Toronto 16.76
A.A., Toronto General Hospital 150.00
A.A., Ontario Hospital, New Toronto 90.50
A.A., St. Joseph's Hospital, Toronto 100.00
Interschool Student Nurses Association, Toronto 20.00
District 7:
A.A., Kingston General Hospital 31.00
Nurses of Smiths Falls 6.50
District 8:
Nurses of District 8 150.00
District 9:
Kirkland Lake nurses 4.25

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

The Head Nurse's Share in Ward Teaching

MARGARET J. DENNISTON

We define nursing as an art based upon scientific principles; the art refers to the nursing skills and techniques through which the spirit and understanding of nursing is expressed; the science refers to the application of scientific facts in planning and carrying out the nursing care. The principles underlying nursing care are drawn from the sciences of anatomy, physiology, bacteriology, chemistry, physics, psychology and sociology. These principles are applied in the ward, under the supervision and guidance of the head nurse. Here we have life situations, and practice is theory carried into effect.

The head nurse's responsibilities are legion, but I know of no other position in the nursing world which offers greater satisfaction. Yet how is she to find time to teach and supervise? She can do a great deal by the incidental method, and the patient will receive better nursing care from a student who is well taught and supervised. The head nurse should have a well staffed unit, approximately not more than four patients for one nurse, depending on the activity of the service. If she has an assistant and general duty nurses as part of her staff, they should assume certain teaching responsibilities and should be able to guide and help with the more complicated and difficult procedures, especially those in connection with extremely ill patients. No inexperienced student should be allowed to care for a very ill patient alone.

When a new student arrives, she should come with the idea of gaining a certain amount of experience in a given time. The head nurse should know when to expect her, and should have a report of her strength, as well as her weakness, and of the amount of experience she has had. Her clinical experience should be planned in relation to her need and capacity, making use of "the law of readiness". Therefore, the clinical program will vary for each student. If the patient assignment method is used, the head nurse should introduce the student to her patients, and give details regarding nursing care, treatment, diagnosis, prognosis, social background, difficulties and problems. I found it a great help to edit a small book, with the title "Do and Do Not," peculiar to the particular service concerned. Each student was asked to read it, and it helped her to adjust to her new environment quickly and smoothed the path for both of us.

Let the student know that slovenly indifferent work has no place in your department, and assure her that the op-

posite will be evaluated on the credit side. She should be shown where equipment is kept, including emergency equipment and how to use it. If the efficiency method is used, the student must be made familiar immediately with the patients with whom she is to be in contact. One must endeavour to develop the powers of observation, for they do not grow overnight. First train the student to have an eye for her environment and the orderliness and neatness of the ward. Recall her knowledge of bacteriology in relation to dust and flies. Temperature sense should also be developed, especially with regard to proper ventilation; a ward thermometer and a large chart on which to record the four-hourly temperature for one month is a great help.

With regard to the patient, teach when and how to look for a lead line or a slight icteroid tint on the conjunctiva. She should become familiar with the pallor and restlessness associated with internal haemorrhage; the expression of pain, fear, worry, anger; the early appearance of cyanosis on the ears and finger tips; and the grey drawn, pinched features of impending death. Accurate observation of excreta is important. Teach her to associate a cough with sputum and a receptacle in which to receive it; draw her attention to the typical rusty sputum in pneumonia and the cranberry jelly type in pulmonary infarct; also the various types of stool, urine and discharges. Teach her, by the "law of exercise", to describe and record such observations accurately and to express them comprehensively.

The ears should be attuned for sounds, the typical goose cough in aortic aneurysm, stridor in laryngeal obstruction, the typical cry in meningitis, and the sudden change from stertorous to Cheyne Stokes respiration. She must also learn to enter rooms and move around patients quietly (the latter does not come naturally as a rule). The sense of touch should also be developed, especially with regard to the taking of the pulse, the cold clammy skin in shock and haemorrhage, the hot dry skin accompanied with high fever, and the soft velvety skin associated with chronic alcoholism. The sense of smell should also be trained in connection with plaster casts, diabetics, and unconscious patients.

The importance of accuracy and punctuality should be stressed with regard to any form of treatment, especially in the administration of drugs, and she should be taught to apply her knowledge of their action. It is surprising how many obvious signs of untoward symptoms may pass unnoticed unless they are pointed out to her, even though she has been taught in the classroom. Impress on her the importance of loss of appetite as an early sign of digitalization and the importance of counting the pulse before administration of the drug. Teach her to be drug conscious, and to associate untoward signs and symptoms of any kind with the prescribed drug, and the period of administration.

In surgical wards, I found it a good plan to undertake the dressing of all wounds within the province of the nurse at least once a week, and two or three students and myself formed a team. One carried screens, prepared the patient, closed windows, and removed the bandage; the second prepared the field, handed forceps, dressings and antiseptics; the third prepared irrigations, boiled instruments, and applied bandages. From time to time I asked each student to change order, and to do at least one dressing before the round was over. In this way, one can do a lot of teaching and supervision while the work is being accomplished. Students are usually appreciative of and intensely interested in this program, and working with the

student gives a greater opportunity of evaluating her work. Similarly, one should demonstrate catheterization and the care of patients with incontinence, not omitting the psychological approach in making the patient mentally at ease. Likewise, demonstrate the procedure of placing a helpless patient on the bedpan, with the necessary hygiene afterwards. Too often this is poorly done, either through ignorance or indifference. The procedure of giving an extremely ill patient an enema can only be taught by demonstration by an expert, yet it is often classified as a very simple procedure, which can be taught on a clay model. Demonstrate the care of the oxygen tent, and of the patient in it, also the cleansing of a dirty mouth, and the care of patients who, through force of circumstances, are both dirty, and verminous on admission. Do not omit to remind students that in certain cases such as coronary thrombosis and gastric or pulmonary haemorrhage, it may be dangerous even to undress the patient for several hours, and therefore the procedure will have to be done gradually, and under the direction of the physician.

At least once a week, one should take the student nurses in the department around the ward, very informally and without warning. They should be questioned regarding medication, treatments, nursing care, laboratory tests, diagnosis and prognosis. It is a good plan for students to be present during medical rounds, so that they will develop an appreciation of their work in relation to medical practice and feel a sense of shame if the patients' hygiene is not up to par, or if a treatment has been omitted. They should also learn how to prepare the patient, and the use of various instruments for medical and neurological examinations, and become familiar with new terms. The senior house doctor should be asked to discuss the medical angle and to interpret the various laboratory tests and therapeutic treatment.

A small clinical laboratory for the use of internes also facilitates the teaching program for student nurses. Another room should be set aside for both medical and nursing bedside clinics and should contain a library shelf upon which should be found a good medical dictionary, so that we may eliminate errors in spelling, not only from ward reports, but on permanent records. A good anatomy and physiology textbook is useful and other reference books may be added, depending on the service. The procedure book and the ward manual should be kept in the ward for immediate reference.

If there is an alert and exacting medical chief in charge who will not suffer fools gladly and who is equally interested in the welfare of patients, the education of medical students, student nurses, and the activities of research workers, then one has the ideal situation wherein to work. Here one will find that loyalty and co-operation between the medical and nursing staff which is so essential to the welfare of the patient.

Obituaries

Mrs. Gordon Howden (Alice Trumble) died recently in Vancouver, British Columbia. She was a graduate of the School of Nursing of the Saskatoon City Hospital, and a member of the Class of 1939.

Health Teaching

HELEN BROWN

The plan of health-teaching carried out in the School of Nursing of the St. Catharines General Hospital begins with helping the new student to see the hospital in its community setting from its beginning in 1865, to the present. The background is rich in varied interests because of its historical and geographical aspects and because of the intermingling of old and new Canadian groups. From the beginning, an effort is made to have the student think of the patient in relation to her home situation, and her first nursing study is made of a patient whom she visits at home accompanied by the instructor.

In dietetics, normal nutrition is stressed. Junior psychology is planned so as to be of help so far as the student's own mental health is concerned. Bacteriology is introduced early in the preliminary course in order to stress its housekeeping implications and to try to ensure safer nursing care from the viewpoint of both patient and nurse. An effort is made to have the student appreciate the significance of each phase of the care of her own health. The reasons for physical examinations, immunizations, X-ray and reporting of illnesses are explained to her. She is taught to evaluate the adequacy of her own health program and this leads to a consideration of the health needs of other groups in the community and of the services available to meet them.

Conferences with the psychologist and social worker of the mental health clinic are arranged as early as possible. The psychometric findings and recommendations of the clinic are on file in the training school office, and often are of great help if difficulties arise. It is felt that the young nurse is especially privileged in being able to discuss her problems with trained people who are outside the close integration of the nursing school, and yet familiar with it.

Visits to a dairy and to the municipal filtration plant are made during the first year, and through the kindness of the members of the department of health, it has been made possible for the preliminary student to have a glimpse of their work. This has been felt to be of great importance in the formation of nursing attitudes. One day is spent in schools and home visiting, and another at the child hygiene and chest clinics. The director of public health nursing feels that students should be given as much opportunity as possible to observe well children. During the second and third year, the student has two months experience in tuberculosis nursing, at the Niagara Peninsula Sanatorium. Experience in communicable disease nursing is also given in the isolation unit of the Hospital, as opportunity arises. A visit to the Ontario Hospital at Hamilton is also arranged.

Each senior student has two weeks of public health experience arranged as follows:

1½ days with the Victorian Order of Nurses, plus observation of a delivery in a home.

2½ days in the schools.

1 day with an industrial nurse.

1 day with the tuberculosis nurse (home visiting and chest clinic).

1 morning at the child hygiene clinic.

6 afternoons helping at the venereal disease clinic.

2 mornings at the toxoid clinic of the department of public health, including con-

ferences with the medical officer of health.

½ day home visiting.

By means of the measures outlined, which include classroom, ward, and community experience, it is hoped to give the undergraduate student a background of health teaching which she may find useful.

A Forward Step

In previous issues of the *Journal*, reference has frequently been made to the hospital training plan for auxiliary nursing members of the Canadian Red Cross Corps. This plan was formulated by the Canadian Red Cross Society, in co-operation with the Canadian Nurses Association and the Canadian Hospital Council, and is already in successful operation on an experimental basis. It is clearly understood that this training is designed for women who wish to give voluntary service and that it does not qualify them to become professional nurses.

The carrying out of the hospital training plan requires the co-operation of:

1. A local Branch of the Red Cross willing to sponsor the Plan and to make the necessary contacts with the local hospital (or hospitals) selected, and to work out further details with the Commandant of the Nursing Detachment of the Corps.

2. A civilian general hospital which carries on a training school for nurses and in which the Superintendent of nurses is prepared to receive candidates for training under the plan.

3. A local Detachment of the Nursing Auxiliary Section of the Corps with members who have the necessary qualifications and are prepared to give their time and to provide their own uniforms for the course of hospital training.

In order to facilitate the immediate development and possible expansion of the plan, the Canadian Red Cross Society has appointed a nursing supervisor, responsible to the National Commissioner, Dr. F. W. Routley, whose duty it will be to help in maintaining effective and cordial relationships between the groups mentioned above. She will also work in close co-operation with the National Commandant of the Corps, Mrs. H. P. Plumptre; the National Commandant of the Nursing Auxiliary Section, Mrs. Keith Hutchison, R. N.; and Miss Eileen Flanagan, R. N., advisor for the Canadian Nurses Association to the Canadian Red Cross Corps.

The nurse chosen for this important and challenging task is Miss Norena Mackenzie who, for the past three years, has rendered outstanding service as superintendent of nurses and principal of the school of nursing in Jeffery Hale's Hospital, Quebec. Miss Mackenzie is a graduate of the School of Nursing of the Montreal General Hospital and of the McGill School for Graduate Nurses, and has spent a year in England in observing teaching and administration in British hospitals and schools of nursing. She has had valuable experience in the teaching field, first in the capacity of instructor in the School of Nursing of the Montreal General Hospital, and later in the School of Nursing of the Hospital for Sick Children, Toronto. Miss Mackenzie has first-hand knowledge of the administrative principles which are related to nursing service and will therefore be in a position to offer advice and assistance in connection with any problems which may arise in working out the plan for training auxiliary workers.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Kla-How-Ya, Tillicum!

MARGARET E. KERR

Chairman

Public Health Section, Canadian Nurses Association

Among the Indians of the Pacific Coast, friends are greeted with the phrase used as the title of this brief New Year's message to the public health nurses of Canada. As we enter upon a new year of activity, the executive of the Public Health Section of the Canadian Nurses Association, and I, as your Chairman, send our very sincere good wishes to all parts of the Dominion. To every public health nurse we say "Kla-how-ya, Tillicum"!

Through the medium of this, our own Page, we have exchanged ideas, we have opened up new lines of thought, and to a slight degree at least, have brought all the scattered members of the Section closer together. The Page has stirred the interest and enthusiasm of our sister Sections. We offer our congratulations to the Hospital and School of Nursing Section on their new Page and to the General Nursing Section which makes its bow for the first time in the current issue.

While considerable progress was made in 1941, there is very much for each of us to do in 1942. While we will be busy with our own immediate jobs, there are many ways in which we may increase our effectiveness and, ultimately, the value of public health nursing in Canada. Every public health nurse should study the figures given in the article entitled "Public Health Nurses in Canada", which appears on our Page in this issue of the *Journal*. What factors are responsible for the fact that in 1940, 40 percent of the new appointments went to unqualified public health nurses? The general demand for nurses may lead to a serious curtailment of registration in the public health courses in our Universities, with a further shortage of qualified personnel. What can each individual public health nurse do to meet this situation? How can suitable nurses be interested in securing adequate qualifications? Only as each of us give serious thought to this problem can any solution be found.

The biennial convention of the Canadian Nurses Association is planned for this year, meeting in Montreal. What a wonderful stimulus it would be to have representative public health nurses

from every community in Canada present to participate in discussions. The New Year holds many unknown things for us. Perhaps a trip to Montreal!

Public Health Nurses in Canada

MARGARET E. KERR *and* LYLE M. CREELMAN

Under the caption of "Some pertinent facts", and on the Public Health Nursing Page of the June, 1941, issue of the *Journal* (p. 414), a summary was given of the number of nurses graduating with full public health training from the various Universities in Canada. In that article it was intimated that a parallel study was being made of the number of nurses being absorbed annually into existing public health services. In securing the essential information, questionnaires were sent to each provincial Public Health Nursing Section. In addition, since both the Victorian Order of Nurses and the nurses of the Metropolitan Life Insurance Company have national headquarters, information regarding their staffs was secured directly. While some slight discrepancies may exist, in general it is believed the results present the picture as it exists in Canada today.

Table 1 shows the number of nurses reported, who are engaged in all branches of public health nursing in Canada. These totals assume a new interest when we break them down into the various branches of public health nursing service. Table 2 indicates the groupings which were used as the basis for the study, and also the total in each classification.

According to a survey which was recently completed in the United States, approximately 22 percent of the nurses employed in official agencies were found to have completed at least one year of preparatory training in a university, which is the equivalent of our public health certificate. While it will be seen that in many of the classifications our Canadian figures compare very favourably, it is still far from our goal of the desirable minimum qualification of a public health certificate for all nurses engaged in public health work.

In making the study, particular interest was centred on the new appointments for 1939 and 1940. Table 3 shows the numbers appointed in each province, and the capital letters at the top of the columns have the following significance:

A — holding a certificate in public health nursing.

B — having experience in public health nursing but holding no certificate.

C — having neither experience nor a certificate.

D — total number appointed (A+B+C).

The column headed " number trained" refers to the figures reported for the years which were under consideration in the summary which appeared in the June issue of the *Journal*.

The public health nurses of Canada will be interested to know that further studies are being made to determine why 54 percent of the nurses who received new appointments in 1939, and 40 percent in 1940, are still without full public health nursing qualifications.

TABLE 1, TOTAL NUMBER OF PUBLIC HEALTH NURSES

Province	Number for whom information was obtained	Number who completed one year post-graduate training in P.H.N.	Percentage with Public Health Certificate
Alberta	119	43	36.1
British Columbia	179	146	81.5
Manitoba	116	23	19.8
New Brunswick	32	12	37.5
Nova Scotia	118	83	70.3
Ontario	753	594	78.8
Prince Edward Island	9	6	66.6
Quebec (English)	388	152	39.9 | 29.5
" (French)	251	37	14.7 /
Saskatchewan	72	19	26.3
Total	2037	1115	51.7%

TABLE 2, BRANCHES OF PUBLIC HEALTH NURSING SERVICE

Classification	Number Employed	Number with Certificate	Percentage with Certificate
Victorian Order of Nurses	358	271	75.6
Metropolitan Life Insurance Company	83	63	75.9
Industry	187	14	7.4
Out-patient Departments and other clinics	96	50	52.0
Social Welfare	86	29	33.7
Official Agencies	1227	688	56.0

TABLE 3, NEW APPOINTEES

Province	1939					1940				
	A	B	C	D	Number Trained	A	B	C	D	Number Trained
Alberta	2	2	12	16	16	3	1	12	16	8
British Columbia	15	—	2	17	18	17	—	—	17	18
Manitoba	—	—	5	5	2	5	3	9	17	4
New Brunswick	1	1	1	3	2	2	1	1	4	6
Nova Scotia	2	—	—	2	5	4	—	1	5	3
Ontario	13	1	—	14	64	50	—	2	52	65
P.E. Island	1	—	—	1	1	—	—	1	1	1
Quebec	10	10	17	37	25	29	15	24	68	30
Saskatchewan	1	2	1	4	7	1	1	3	5	8
Total	45	16	38	99	140	111	21	53	185	143

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association.

The Point of View of the Registrar

PEARL BROWNELL

What service can a Registry render to the community? A well organized and efficiently conducted Registry acts as a liaison officer between the health needs of the community and the proffered services of the nurse. It should not be regarded as a species of sorting machine or a mechanical device for the placement of nurses and its functions are, or should be, psychological as well as administrative. The modern Registry is attempting to become an impartial and efficient vocational bureau where, during the past few years, the placement angle has assumed much greater proportions.

The Registry serves the community at large; not only hospitals, doctors and nurses. Types of calls are many, including calls from the hospitals, doctors and homes for private duty nurses, and for practical nurses for some house cases and for attendants in institutions. There are calls from hospitals in the city and in the country for staff and general duty nurses, often requiring those with special training in operating room technique, obstetrics, etc. There are calls for industrial nurses; nurses for doctors' offices; for laboratory and x-ray technicians; relief for nursing organizations in the city; nurses for Red Cross Outposts and for fresh air camps; and, this last year, for voluntary help with evacuee children.

Many problems confront the registrar in filling these requests. Some private duty nurses refuse house cases, causing one to wonder what they themselves would think were members of their own families ill at home and unable to secure nursing care. Others accept only certain types of cases, though if a nurse has specially fitted herself for the type of work in which she is most interested, she cannot always be censured for so doing. Staff positions are often difficult to fill because many nurses lack the special preparation required for these positions. Not infrequently, general duty nurses are found to be deficient in some special branches of nursing. For example, too limited operating room or obstetrical experience causes her to feel inadequately prepared to give service in these departments. This raises the question as to whether schools of nursing should consider increasing their enrolment when the clinical experience they offer is so limited that the student cannot possibly obtain a proper training. Very often the registrar is called upon to assist these nurses in overcoming deficiencies by giving advice as to post-graduate courses.

Increasing difficulty is found in securing nurses for general duty and many complaints are poured into the ears of the registrar. While appreciating the experience gained in general duty and the security of a steady income, it is considered to be "too much like training," the work is hard and the hours are so long that by the time she is off duty it is too late for any social activity and she is too tired to care. It would seem that the sooner an eight-hour day is established, the better for all concerned. It is equally important that salaries be sufficient to allow for a decent standard of living with some possibility of insurance for the future. One feels like suggesting that some hospital boards look into the question of the minimum salary necessary for a nurse to maintain herself on a standard more in keeping with her status as a registered nurse. Again, many nurses have the personality and other qualifications which specially fit them for private duty; they find more satisfaction in this branch of the profession and wish to remain in it. After having the complete care of one patient, many have expressed the dissatisfaction felt in doing general duty and, as the situation is at present, having so much work literally thrown at them that it is impossible to give patients proper attention. This naturally makes the conscientious nurse unhappy and is the chief source of many complaints from patients regarding the care received in some hospitals.

During the last few years, many requests have been received from American hospitals for general duty nurses. When we had a surplus, we were glad to fill these calls and the majority have given a good account of themselves. At present, there is a great shortage across the line and we are receiving many calls which we are now unable to meet. The nursing situation here has changed so suddenly that we ourselves are faced with a serious shortage for our own needs. If we continue to send our nurses away and so deplete our ranks, we shall be forced to increase the number of our students giving them less than is desirable, thus turning out a poorly equipped graduate. While we do not wish to appear selfish, we feel definitely that our first duty is essentially the protection and safeguarding of our own needs. Canada has been at war two years, and there is a chance that, should the situation change in the United States, Canadian nurses would be the first to be released. That insecurity is inevitable, but it is an argument against encouraging great numbers to leave Canada at the present time.

Many are asking "where are the nurses"? Quite a number are in military service and there is also the fact that more money is being spent for nursing care. In Winnipeg, hospitalization has undoubtedly been responsible for a considerable increase in calls for private duty nurses, and hospitals, for the same reason, are being taxed to capacity, requiring more staff. The trend seems to be fewer calls for private duty nurses in the homes and more for the hospitals. Practical nurses are being called if the patient is not ill enough to require hospital care or cannot afford the services of a registered nurse. A registry which includes practical nurses is able to give a better service to the public, because it is more satisfactory to consult the same office regarding the needs of a particular case.

With the situation changing so rapidly, how are we to meet the increasing demands resulting in the present shortage which confronts us? Rather than revert to the ten-and twelve-hour day for private duty nurses, careful consideration might be given

to group nursing in the hospitals. Patients in the homes, not in need of constant attention, might make more use of existing services such as the Victorian Order of Nurses. Many retired nurses have offered their services and in some instances have already been called upon to meet an emergency. We are at war, and many adjustments will be necessary. Nurses on the home front must be prepared to make sacrifices in order that no one will call in vain.

A Word to the Registrar

HELEN M. JOLLY

Yours is a three-fold service : to the public, to the doctors and to all nurses who are qualified to use the registry. To the public you are a friend in the time of trouble, and your cheery response extends to them a hand in time of need. They rely on you to attend to their needs, knowing that confiding in you has taken a worry off their shoulders. Many and varied are their wants, but always they receive from the registrar the best she can give them, whether it be at 1 p.m. or 3 a.m. To the doctors, the registrar is an asset and one of the main spokes in the wheel. It is the registrar that introduces nurses by telephone to the doctors. She does her work wisely and well, offering suggestions when needed and doing her utmost to secure nurses when wanted. The registrars also look after some of the doctors' calls, taking messages to be delivered when the doctor's family are out of town and there is no one to attend to the house telephone. Some doctors claim that they couldn't manage without the help of the registrar. Doctors in the country as well as the superintendents of country hospitals, find the registrar a friend indeed. It is from her that they seek help when needing nurses and they rely on her at all times. Early or late, week days or Sundays, she takes care of all needs.

The nurses, graduate or practical, couldn't manage without the registrar, whether they realize it or not. She keeps the call list, thus enabling nurses to go and come without worry of securing work. Often, yes, many times I fear, we forget to remember that she is human. Due unfortunately to a death, we come off a case at 3 a.m. and without thinking, phone the registry to put our name back on call before going to bed, little realizing that the registrar is getting her first sleep of the night and that she, unlike us, will most likely be kept busy from 7 a.m. on, and have no further time for sleep. So, nurses, look at your watch and think before telephoning. Take a little time off to be kind. To nurses coming into the city from other provinces or from the United States, the registrar is a most important link. She guides them where to eat and sleep and as to what the essentials of registering are. She introduces them to the personnel of the hospitals and to the nurses with whom she will work. She is courteous and kind and the impression she makes on these strangers within her gates is a permanent and important one. She has many irons in the fire, such as acting on different committes, helping guide the nurses association, looking after x-ray equipment, undertaking the

supervision of appeals for funds needed by the war campaign, and many others too numerous to mention. We owe many things to you, Registrars, and perhaps we haven't taken the time to tell you. So, on behalf of all the private duty nurses across Canada, I extend our very grateful thanks.

Book Reviews

The Public Health Nurse in Action, by Marguerite Wales, R.N., F.A.P.H.A., Nursing Education Consultant, W. K. Kellogg Foundation, Battle Creek, Michigan. 437 pages, including index. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $2.75.

Very important to nurses in general, both graduates and undergraduates, but more specifically to public health nurses, is the publication of Miss Wales' book. Further than its value to nurses, it is written in such a style as to reach out to the community, giving information to lay groups regarding the work done by the public health nurse. Because of this use, it can be regarded as a valuable tool in educating and enlightening boards and committees in the activities of a public health nurse. The author has very properly given her text a title of action, and this action is carried with vitality and adeptness throughout its pages. It leaves in the reader's mind a sense of enthusiasm and vigour and rekindles a determination to go out and tackle human problems with renewed forcefulness.

The book is unique in its kind. We have had texts before dealing fully with the principles of public health nursing. Others have evaluated the performance of public health nurses in their various activities. "The Public Health Nurse in Action" is an ingenious combination of both, making theory and practice travel hand in hand, quietly and effectively. Each chapter begins with a discussion of the problems to be presented in one phase of public health nursing; following this general discussion, the problems are vitalized by means of a group of case histories. Special notes and printing arrangements are used to emphasize and summarize both the principles set forth and their application. So vivid are the case histories that the reader forgets herself as one with a book before her, but rather she too is in the district, moving freely and easily among families, working with them towards health promotion and leading the way to a richer and fuller life.

Miss Wales, who writes so freely and easily within a wide range of subject matter, has for many years directed the Henry Street Visiting Nurse Service, New York City, and is at present Nursing Education Consultant in the Kellogg Foundation, Battle Creek, Michigan. She has at her command not only a wealth of personal experience but also a wide knowledge of the work of others, to whom she has turned for assistance in the compilation of her book. A "must have" among new books for up-to-date public health nurses is this publication. Indeed this timely book should have a space set aside for it in every school of nursing library.

GERALDINE E. LANGTON,
Field Work Supervisor,
Department of Nursing and Health,
University of British Columbia.

Be Healthy, by Katharine Bruderlin Crisp, teacher of biology at East High School, Denver, and prepared under the direction of the Department of Health Education of Denver Public Schools and the Department of Research and Curriculum. Illustrated. 532 pages. Published by J. B. Lippincott Company, 215 Victoria Street, Toronto, Ontario.

This is a simply written introductory book on health and is intended for use in high schools. The subject matter is divided into

four sections. The first two deal with subjects that are more obviously related to health, and the last two with the essentials for maintaining health in a modern community, stressing the Federal Government, the State, and the individual's responsibility. Each chapter ends with questions based on its contents with reference lists on subject material. The book is well illustrated, bringing out points which would be difficult to express otherwise.

DOROTHA TRUESDALE,
Staff Nurse,
Victorian Order of Nurses,
(Hamilton Branch)

Golden Jubilee of P.E.I. Hospital

The fiftieth anniversary of the School of Nursing of the Prince Edward Island Hospital was celebrated recently at a special meeting of the Alumnae Association presided over by the president, Mrs. J. W. MacKenzie. In a most interesting address, Miss Anna Mair, superintendent of the Hospital, spoke of the founding of the old hospital in 1883 with a capacity of twelve beds but with no trained nursing staff. In 1891 it was decided to appoint a matron and this position was accepted by Miss Jessie Sheraton, a graduate of the School of Nursing of the Saint John General Hospital, through whose efforts a school of nursing was established. The course of training lasted two years and the first class graduated in 1893 with two members, Miss Sarah Arthur and Miss Ella Tynan. Miss Arthur is now living in Summerside, and Miss Tynan, who later served for some time as superintendent of the Hospital, resides in Saskatoon. Nurses were graduated intermittently during the years which immediately followed but, since 1903, yearly graduating exercises have been held and 218 well-qualified nurses have been trained to care for the sick. A flourishing Alumnae Association was formed three years ago. Graduates of the School were in attendance from all parts of the Province, including Miss Bessie Beer, a former superintendent and everyone thoroughly enjoyed listening to Miss Mair's excellent address and exchanging happy reminiscences of training days.

Psychiatry in Nursing

A series of ten weekly lectures and demonstrations on psychiatry in nursing will be given under the auspices of McGill University on Thursday evenings, beginning January 15 and ending on March 19. The lectures will be given at the McGill School for Graduate Nurses and the demonstrations at the Verdun Protestant Hospital.

Lectures on the following topics will be given by Dr. George E. Reed, assistant medical superintendent, Verdun Protestant Hospital: historical, legal and technical background of nursing practice with the psychiatric implications; fundamentals of mental health; the individual patient and his particular and social environment; application of psychiatry to administrative and other nursing specialties; problems associated with nursing in war time and the reconstruction period; future developments and responsibilities.

Demonstrations and conferences will be given at the Verdun Protestant Hospital and will be participated in by Dr. T. E. Dancey, Dr. H. Lehmann, Dr. K. Stern, Dr. Skitch, and the nursing staff of the Verdun Protestant Hospital. The fee will be $5.00.

STUDENT NURSES PAGE

Bromide Intoxication

ALINE O'CONNOR

Student Nurse

School of Nursing, Provincial Mental Hospital, Ponoka, Alberta

Until recently, the bromide salts were not commonly recognized as a cause of intoxication, but it has now been found, in some psychiatric hospitals, that as high as seven per cent of admissions are diagnosed as bromide intoxication. The number of patients admitted to our hospital suffering from this condition is increasing and, because of this, a test is done to determine the presence of the drug in the blood of any patient displaying unusual mental symptoms.

An interesting example is the case of Mrs. X, aged 48 years, who was recently admitted to the Ponoka Mental Hospital. She was drowsy and there was a strong odour of paraldehyde about her person. According to the certificates of admission, she had been examined by two medical practitioners and found psychotic. Mrs. X had a happy and active home life and, until one year previously, was in her usual state of health. Since that time she had become increasingly nervous and irritable at menstrual periods and, on the advice of her family physician, began to take small amounts of a prescription containing sodium bromide to relieve the condition. The nervousness did not decrease, and one month before her admission she entered a general hospital for treatment. There she became overactive. Two drams of elixir triple bromide were given four times a day to quieten her but seemed to have the opposite effect. She began to hear voices and, in response to them, was on several occasions violent to the staff. She was then transferred to our hospital.

She appeared to be in good physical condition, although her mouth and lips were very dry and she had a slight fever, rapid pulse, and respirations. During the first evening, when she had recovered from the effects of the hypnotic, she became noisy and unco-operative, refusing to remain in bed. Her speech was thick and jumbled, her gait was unsteady. She believed she was still in the general hospital. The next morning, with some difficulty, the routine admission blood Wassermann and lumbar puncture were done. The serology was found to be negative, but the test for bromide showed 282 mgms. bromide per 100 c.c. blood serum. Normally there is no bromide in the blood.

For nearly two weeks the patient varied between extreme excitement and quietness; at times she was almost comatose, then would become terrified and noisy because of vivid delusions

WANTED

Applications are invited immediately for the position of **Superintendent of Nurses** in a completely-modern hospital with 75 adult beds. The training school is in charge of a full-time instructor, and the business of the hospital is handled by a manager and clerical staff. Apply, stating qualifications, experience, and when available, in the first letter to:

S. N. Wynn, Chairman, House and Property Committee, Queen Victoria Hospital, Yorkton, Sask.

and hallucinations. She believed her husband was being executed, that there were large men and monstrous animals on the ceiling and that the building was on fire. During this period, nursing care was difficult to give. It was important that she remain in bed while her temperature was elevated, but she refused to do so. Restraint was not advisable, for it would aggravate fear. Sedatives were given at night, usually paraldehyde, as it is least toxic and most easily eliminated. Special care was given to her mouth to relieve the dryness and discomfort. She refused fluids, believing them to be poisonous. Nourishment was given by intravenous therapy and by gavage.

When the bromide level had fallen below 200 mgms. per 100 c.c. blood, Mrs. X's bizarre behaviour disappeared. She was now restless and at times anxious and fretful. More active eliminating treatment was then undertaken and she was given continous bath therapy for six hours daily. At first she was suspicious of the treatment, believing it an attempt to drown her. Later, she rested and slept well throughout the series. Ninety grains sodium chloride, (common salt), were given per day, in an effort to displace the bromides. She refused capsules, believing them poisonous, so the salt was fed in beef broth.

The bromide content in her blood was measured every few days and, generally speaking, the improvement in this patient's mental condition paralleled the fall of the bromide level. She gradually became more and more stable, co-operative and pleasant. Her appetite was improved and she slept well. She was able to remain in the day room, where she willingly assisted with ward work. She took an interest in her personal appearance and began to mix with other patients. Mrs. X now had insight into her condition and its cause and began to co-operate more readily with the treatment. One month after admission, the bromide had been reduced to 43 mgms. per 100 c.c. serum. Occasional headache, fatigue, debility, were the only symptoms remaining. Ten days later the bromide was negative and she had resumed her normal pleasing personality. Six weeks from the day of admission she was discharged.

Bromide salts are a valuable sedative. Their danger lies in the fact that some people do not eliminate them readily and they quickly accumulate in the blood. They are often prescribed unwisely and are readily available to the public in patented forms, even obtainable across restaurant counters. Bromide intoxication can be prevented by discrimination on the part of physicians in prescribing bromides as sedatives, and by restricting the accessibility of patented forms to a public ignorant of their danger.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Catharine McDougall has been transferred from the North Bay staff to the staff of the Burnaby Branch to replace *Miss Phyllis Boden*, who has been appointed nurse-in-charge of the Surrey Branch.

Miss Phyllis Bond, nurse-in-charge of the Surrey Branch, has resigned to be married.

Miss Dorothy Piche has been transferred from the staff of the Sudbury Branch to the staff of the North Bay Branch.

Miss Mary Webster, who has been on leave of absence from the staff of the Belleville Branch, has resigned to be married.

Miss Elizabeth Whiston, who has been on leave of absence from the Order to attend the course in public health nursing at the School for Graduate Nurses, McGill University, and to take training in communicable disease nursing at the Alexandra Hospital, Montreal, has been appointed to the staff of the Truro Branch.

Mrs. J. M. Hill, a graduate of the Rhode Island Hospital, and formerly employed on the Halifax and Yarmouth Branches, has been appointed nurse-in-charge temporarily of the Canso Branch.

Mrs. Ian MacKay, a graduate of St. Luke's Hospital, New York City, and formerly a member of the Toronto staff, is relieving on the Sydney staff during the absence of *Miss Dorothy Fowler*, who is on leave of absence because of ill-health.

Miss Eileen Dymond, a graduate of the Calgary General Hospital and of the course in public health nursing at the University of Toronto, has been appointed to the staff of the York Township Branch, replacing *Miss Catherine Maddaford* who has been transferred to the Peterborough staff.

Miss Ethel Grindley, a graduate of the Montreal General Hospital, and of the course in public health nursing at the School for Graduate Nurses, McGill University, and formerly on the Montreal staff, has been appointed to the staff of the Toronto Branch.

Mrs. Daisy Bell, formerly employed by the New Glasgow and Lunenburg Branches, has been appointed to the staff of the Montreal Branch.

Miss Patricia Kennedy has resigned from the Montreal Branch.

Miss Helen Hudson has resigned from the Hamilton Branch to be married.

Miss Ruth Akagawa has resigned from the staff of the Vancouver Branch.

Miss Elizabeth Logie has resigned from the staff of the Vancouver Branch to accept a position with the American Can Company.

Miss Mary Younge, formerly on the staff of the London Branch, is relieving in Smiths Falls during *Miss Bluhm's* leave of absence because of illness.

A Stimulating Extension Course

A most successful extension course in hospital administration was conducted in the School for Graduate Nurses, McGill University, during the first term of the current session. The fact that there was an attendance of thirty-eight nurses, who hold administrative and supervisory positions in Montreal and adjacent districts, was evidence of the general interest in, and need for such a course. The School was most fortunate in securing Dr. Harvey Agnew, secretary of the Department of Hospital Service, Canadian Medical Association, to open the course with a series of eight lectures which were very stimulating. The other lecturers were all specialists in various departments of hospital administration.

The following topics were chosen by Dr. Agnew: the development of hospitals and the hospital system in Canada; fundamentals

Boston University
School of Education
Withdrawn

of hospital organization and administration; relationships of the hospital; the medical staff; hospital ethics. Other speakers and their topics were as follows: Mr. A. H. Westbury, chief accountant, Montreal General Hospital, the business office; Dr. J. E. de Belle, superintendent, Children's Memorial Hospital, admission and discharge; Miss Ruth Park, dietitian-in-charge, Montreal General Hospital, organization and administration of a dietary department; Mr. A. W. Smith, assistant to superintendent of Royal Victoria Hospital, stores control and purchasing; Mr. J. Cecil McDougall, architect, hospital planning and construction; Mr. F. F. Cohen, superintendent, Jewish General Hospital, the hospital pharmacy; Dr. L. Gilday, superintendent, Montreal General Hospital, special problems in the administration of a private pavilion; Dr. G. S. Stephens, superintendent, Royal Victoria Hospital, group hospitalization.

Overseas Nursing Sisters Association

On Armistice Day, the president and members of the Ottawa Unit of the Overseas Nursing Sisters Association placed wreaths before the Nurses Memorial, in the Hall of Fame of the Parliament buildings. At a subsequent meeting, the unit had the pleasure of entertaining Miss Elizabeth Smellie, C. B. E., R. R. C., Matron-in-Chief in Canada, and Nursing Sister Roberts, formerly in charge of Deer Lodge Military Hospital in Winnipeg and now attached to the office of the Matron-in-Chief. Miss Gertrude Halpenny was re-elected president, and the following executive were also returned to office: Secretary, Miss Mabel O. Hamilton; treasurer, Miss Estelle Mitchell; flower convener, Mrs. A. Bell; social convener, Mrs. J. H. Stitt.

NEWS NOTES

ALBERTA

VEGREVILLE:

The members of the Vegreville General Hospital Alumnae Association were guests of honor at a social evening sponsored by the probationers, which was held recently. An enjoyable evening was spent and the older nurses were pleased to make the acquaintance of the new members of the School. Arrangements have been made by the Sisters to entertain the Alumnae Association members and student body monthly at the nurses residence. An instructional and recreational Filmosound picture will be shown at each entertainment.

Miss A. Wynnychuk and Miss Lena Wispinski, formerly on the staff of St. Mary's Hospital, Camrose, are now holding positions at St. John's Hospital, Minnesota. Two ditty bags were filled by the Sisters, Alumnae Association members, and student nurses.

The following marriages of Vegreville General Hospital graduates have recently taken place: Miss L. Blouin to Mr. R. James; Miss H. Bartsch to Mr. C. Thompson; Miss T. Finlin to Mr. W. Rovang; Miss P. Cador to Mr. Rene Landry.

BRITISH COLUMBIA

PRINCE RUPERT:

The Prince Rupert Chapter of the R.N.A. B.C. was formed at Prince Rupert on March 3, 1941. The following executive were elected: chairman, Miss E. D. Priestly; vice-chairman, Miss E. Dobbie; secretary, Miss B. Berner; treasurer, Miss J. Foster. Meetings are held monthly, the most interesting part being the study of discussion group outlines entitled "When is Nursing?" Two lectures on war-time poison gases were given by the gas instructor from the local garrison and a talk on "Shanghai, its civic government and the Japanese Menace," by Captain Marsden, recently arrived from that city. Contributions of $16 and $22 respec-

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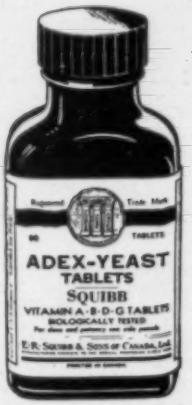

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*Strauss, M. B., *J. A. M. A.* 110:953, 1938.

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tively have been forwarded for the British Nurses Relief Fund. The visit of Miss K. Sanderson of Vancouver, convener of Districts and Chapters, was greatly enjoyed.

VANCOUVER:

After the transaction of routine business at the November meeting of the Vancouver Graduate Nurses Association, the members attended a mass meeting of all nurses in Vancouver, called to hear our new provincial secretary, Miss Evelyn Mallory, report on the joint conference of Directors of the University Schools of Nursing and the Canadian Nurses Association Executive Committee which she attended in Montreal. Miss Mallory painted a vivid picture of the state of nursing affairs as revealed at that emergency meeting. The report and its recommendations were brought as a challenge to all present and left a sense of responsibility on every nurse to do her part in preserving and maintaining the highest standards of the profession. Over 200 nurses were in attendance.

The Vancouver Graduate Nurses Association began its fall and winter session with the important topic of the blood banks. It was felt that all our nurses should have such knowledge because one has been opened in Vancouver. Dr. Dolman, Director of Provincial Laboratories, gave a comprehensive and enlightening address on the processing of the blood, with exhibits of the products prepared for shipment to Britain. Some of our nurses have since been associated with the establishment of the blood bank.

Nurses must answer the call for support to our sister nurses in Great Britain who are so gallantly doing their duty, and the Association recently sponsored a bridge at which the sum of $163.85 was contributed to the British Nurses Relief Fund.

MANITOBA

WINNIPEG:

Children's Hospital:

At a meeting of the Children's Hospital Alumnae Association, which was held recently, the following officers were elected: president, Mrs. Warren Stewart; first vice-president, Miss M. Perley; recording secretary, Miss E. Hyndman; corresponding secretary, Miss E. Young; treasurer, Miss B. Thain; committee conveners: program, Miss M. Smith; ways and means, Mrs. H. Moore; visiting and Red Cross, Mrs. Campbell; membership, Miss R. Hutton; news editor, Mrs. Geo. Jack.

The following marriages have recently taken place: Florence S. MacDonald to Gordon Reeves; Jean E. Montgomery to Roy Nordgren; Dorothy Still to Herbert Moore; Hedwig J. Hahr to Jacob C. Kirby; Frances M. Irwin to Noble L. Kingdon; Elberta Peterson to George F. Kiewel.

ST. BONIFACE:

St. Boniface Hospital:

Miss Nellie K. Goodman has replaced Miss Edith Swaine on the teaching staff of St. Boniface Hospital. Miss Goodman is a graduate of the School of Nursing of the Regina General Hospital, and of the McGill School for Graduate Nurses in teaching and supervision.

Three St. Boniface graduates have volunteered to serve in South Africa, namely: Laura M. Wastle (1936), Grace Govenlock (1939), Jean Wheeler (1941).

Miss Frances Gillis (1940) has commenced a course of combined theoretical and practical work at the University Hospital, New Brunswick, N. J.

The 1941 graduating class contributed $100 to the British Nurses Relief Fund. St. Boniface student nurses have this year established a Student Council and student fund. In aid of the British Nurses Relief Fund, the students held a very successful silver tea.

NOVA SCOTIA

HALIFAX:

At a recent meeting of the Halifax Branch, R.N.A.N.S., the feature of the evening was an original playlet, "One dollar and eighty-three cents", written by Misses Reta Myers, Julia Flynn, and Jean Forbes, of the Victorian Order of Nurses. The property and stage manager was Miss Marion Shore, convener of the public health committee, Halifax Branch. Reviews of articles recently published in the *Journal* were given by Miss Helen Joncas, instructor of nurses, Victoria General Hospital; Miss Grace Porter, provincial convener of the General Nursing Section; Miss Gertrude Crosby, staff nurse, Halifax Department of Public Health and Welfare; Miss Ruth Hart, member of Provincial Red Cross Emergency Committee. An appeal for subscribers to *our* magazine was made by Mrs. J. T. Luscombe, member of the provincial library committee. Posters, illustrating the benefits of reading *The Canadian Nurse*, were prepared by Miss Pat Flynn and by members of the nursing staff of the Halifax Infirmary.

KENTVILLE:

A recent meeting of the Valley Branch, R.N.A.N.S., was held at the Blanchard-Fraser Memorial Hospital. It took the form of a masquerade party celebrating the seventh birthday of the organization of the branch. Costumes were judged by two Nursing Sisters from the Military Hospital at Aldershot. Games were played and prizes given. The birthday cake, topped by seven candles, was cut by the president, Miss Richardson. Following lunch a short business meeting was held.

ONTARIO

DISTRICTS 2 AND 3

BRANTFORD:

The autumn meeting of the public health nurses of Districts 2 and 3, R.N.A.O., was held recently in Brantford. The weather man was kind, giving glorious sunshine to show up the riot of colour everywhere. Twenty-nine public health nurses met at the Ontario School for the Blind and were escorted through the school and work rooms. It was interesting to watch the children from 6 to 8 years in the primary room, learning the various grouping of the dots that make up the Braille letters. We were told that at one time, the pupils in this primary room would often be 16 to 18 years or even 20 and over, but that, owing to more knowledge of the functions of the school and to public health teaching, most of the beginners were now from 6 to 8 years of age. We watched a class learn to write to the tune of a nursery rhyme, stamping the letter, on the down beat of the bar, in the grooved ruler, clamped to the board on which the writing paper was held. Some very fine pieces of woodwork and basketry were proudly shown us and we watched the pupils typing their notes. Before we left the building, a senior pupil led us to the assembly hall where another girl of the same class played selections on the pipe organ.

A tour of other interesting places was made en route to supper. The Bell Memorial was admired and a stop was made at the Brant Memorial to examine the marvelous piece of bronze sculpture wrought by the same artist whose magnificent memorial to Champlain looks out across Lake Couchiching from the park in Orillia. The next stop was at the Indian School where we saw the silver communion set given to the Mohawks by Queen Anne, and the precious old Bible containing the autographs of most of the members of the royal household who have

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visited Canada, and the names of many premiers and other important visitors. We sat enthralled in the Queen Anne Chapel and listened to the incumbent tell how the Queen, at the request of the Mohawks, built them a chapel in 1711 at Fort Hunter.

The home of Alexander Graham Bell, where he conceived the idea of a wire which would transmit messages, was our next brief stop and then supper, with a teacher from the School for the Blind to tell us about the work and to interpret what we had seen during the afternoon.

Brantford General Hospital:

At a recent meeting of the Alumnae Association of the Brantford General Hospital, Mr. R. J. Waterous, former mayor of Brantford, gave a graphic picture of conditions in England, as seen and experienced by him on his trip there a year ago. At the December meeting of the Alumnae Association, Dr. Leslie Bier, a missionary on furlough from Africa, gave an interesting talk on his work in Africa, illustrated by lantern slides. A raffle was held recently by members of the Alumnae Association, the proceeds to be used for Christmas parcels overseas.

The following graduates of the B.G.H. are taking postgraduate courses at the School of Nursing, University of Toronto: D. Linscott, H. Cuff (teaching and supervision); G. Jones, J. Sterne, G. Knisley (public health). Miss M. Terryberry, who attended the School of Nursing last year, is now assistant superintendent of nurses and clinical instructress at the B.G.H. Miss E. Anderson (B.G.H.) is working at the Florence Crittenton Hospital, Detroit.

The following marriages of Brantford General Hospital graduates have recently taken place: Miss H. Turner (1926) to Mr. Force; Miss E. Bryant (1937) to Capt. Walter Peace; Miss E. Davies (1929) to Cpl. J. Casey; Miss M. Peach (1936) to Dr. L. Rice; Miss L. Kuhl (1933) to Mr. F. Scace; Miss J. Spry (1939) to Mr. T. Hobden; Miss G. Larmon (1939) to Mr. R. Brittain.

KITCHENER:

The following have been elected as officers of the Kitchener and Waterloo General Hospital Alumnae Association: honourary president, Miss K. W. Scott; president, Mrs. H. Christner; first vice-president, Miss G. Cornwall; second vice-president, Miss R. Bagshaw; secretary, Miss O. Daitz; treasurer, Miss E. Janzen; committee conveners: program, Miss L. Daniel; social, Mrs. R. Hodd; flowers: Misses M. McManus, M. McLean; representative to *The Canadian Nurse*, Miss A. Leslie.

Miss Helen Peer (Kitchener and Waterloo General Hospital, 1938) is the first Twin City nurse to volunteer to serve in a South African Military Hospital since the call came for Canadian nurses. After completing a postgraduate course in psychiatry at London she went to Woodstock where she was on the staff of the Ontario Hospital.

Miss E. Janzen has completed a postgraduate course in obstetrics and is now on the staff of the K.W.H. Miss C. Fraser has accepted a position at the Hamilton Hospital, Bermuda.

The following marriages have recently taken place: Miss J. MacDonald (K.W.H., 1940) to Mr. W. Bogg; Miss W. Tennant (K.W.H., 1940) to Mr. Carl Pequeznat.

DISTRICT 4

HAMILTON:

Proceeds from the dance and bridge held on November 21, and sponsored by the Alumnae Association of the Hamilton General Hospital will be forwarded to the Lord Mayor's Fund.

Married: Recently, Miss Mary Helen Warren to Lieut. John K. Moss, M.D.

DISTRICT 5

TORONTO:

The winter meeting of District 5, R. N. A. O., was held recently at the Toronto General Hospital with an attendance of over 200. The Very Rev. Dr. Peter Bryce, pastor of the Metropolitan Church, in pronouncing the Invocation, gave a splendid start to the meeting.

From the correspondence it was learned that the Central Registry, Toronto, is planning re-organization and has appealed for assistance in so doing to Miss Marjorie Buck, Norfolk General Hospital, Simcoe, chairman of the committee on Registries of the R. N. A. O. The most important item of business dealt with was that of secretary-treasurer for the District. Our membership has increased considerably in the last few years and it was felt that an honorarium should be paid to the nurse holding this office. After studying the report and the recommendations contained therein, it was decided to combine the offices of secretary and treasurer and pay an honorarium of $150 a year. Our membership now stands at 1605 and the contribution to the aid of British Nurses has reached the total of $5,787.

Miss Claribel McCorquodale, supervisor of nursing, Department of Radiology, Toronto General Hospital, presented her illustrated and now famous lecture on "A nurse looks at radiology". Before and after the meeting, the exhibit "Carry On" was on display with Miss Muriel Winter giving an explanation. We were indeed fortunate in being able to have both Miss Corquodale and Miss Winter with her exhibit.

Wellesley Hospital:

At a recent war work meeting of the Wellesley Hospital Alumnae Association, Miss Jean Harris reported that 105 knitted articles had been sent to the Red Cross. Miss Grace Bolton reported that 138 knitted articles had been sent to British and Canadian sailors, and letters of appreciation were read. Miss Mary Stanton reported on clothing received by Miss H. Cunningham, a Wellesley graduate in charge of a group of evacuees in England. Miss Gretchen Schwint reported on food which had been sent to Wellesley graduates overseas.

Identification bracelets were presented to Miss Constance Cuthbert, who will leave shortly for service in South African military hospitals, and to Miss Enid Moore, who is at Camp Borden.

Dr. R. G. Warminton spoke to the nurses on new drugs and their uses. A motion picture entitled "Britannia is a Woman", depicting British women's war work, was shown, following which Mrs. G. D. Conant, vice-chairman of the Canadian Women's Voluntary Services, gave an address on the organization and work of the C. W. V. S. A social hour followed.

District 8

OTTAWA:

The Hospital and School of Nursing Group of District 8, R. N. A. O., sponsored a refresher course which was held in the Ottawa Civic Hospital and the Ottawa General Hospital. The course was conducted by Miss Marion Lindeburgh of the School for Graduate Nurses, McGill University. The subject was "Better nurses—Better nursing." The attendance was gratifying, numbering 87 registrants and the response was enthusiastic. Keen interest in the supplement was aroused and the lectures and demonstrations were appreciated by all.

Lady Stanley Institute:

At a recent meeting of the Lady Stanley Institute Alumnae Association it was recorded in the minutes that in the death of

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Miss Florence J. Potts, the Association had lost a member and an honourary vice-president who was an outstanding personage in the nursing world, not only in Canada but also in the United States.

District 9

Sudbury:

At a recent meeting of the Sudbury Chapter, District 9, R. N. A. O., we were very fortunate in having with us Miss Ferguson of Ottawa, district supervisor of the Victorian Order of Nurses, who gave a very interesting talk on the work of the Order. A demonstration of the nursing technique during a confinement in the home was given by Miss Aylward, of the Sudbury branch of the V. O. N. This was also interesting and very helpful. The use of the Baxter intravenous set was demonstrated by one of the student nurses of the hospital.

At a recent meeting of the Muskoka Chapter, Nursing Sister Barry Bowles, R. C. A. M. C., gave an interesting account of a nurse's life in a military hospital.

PRINCE EDWARD ISLAND

Charlottetown:

The following graduates of the School of Nursing of the Prince Edward Island Hospital have recently arrived safely in England: Bessie MacKenzie, Mae Heartz, Marion Bernard, Doris MacDonald, Anne Rodgerson, Hattie MacLaine, Georgina Thompson, Helen Wood. The following graduates have volunteered for service in South Africa, and are expecting to leave in the near future: Norma Ayers, Marjorie Cox.

Miss Eileen Howard and Miss Ruth Toombs have recently been appointed to the staff of the Provincial Sanitorium.

QUEBEC

Montreal:

Montreal General Hospital:

Miss Eardley Wilmot (1938) has been appointed to the staff of the Jeffery Hale's Hospital, Quebec. Miss E. M. Eagleson (1941) has been appointed to the staff of the Children's Memorial Hospital, Montreal. Miss Beatrice Adam (1941) has been appointed to the staff of the Montreal Children's Hospital. Miss Amy Briard (1940) has

been appointed to the staff of Arvida Hospital, Arvida. Miss Edith Harrison (1941) and Miss Frances A. M. Fraser (1941), are both doing floor duty at the Western Division, Montreal. Miss Carmen Budd (1923) has resigned her position in the investigation branch, out-patients department of the Montreal General Hospital. Miss Ethel Grindley (1935) has accepted a position with the Victorian Order of Nurses in Toronto.

The following marriages have recently taken place: Miss Anna D. Brown (1941) to Mr. Henry R. Stoker; Miss Rose Harris (1941) to Mr. Roland Carrier; Miss Stella Pearl (1937) to Dr. Phillip Gituick.

Royal Victoria Hospital:

At the December meeting of the Alumnae Association the guest speaker was Dr. Wilder Penfield who gave an interesting address, his topic being "Afterthoughts of a Medical Mission to Great Britain".

Miss Margaret Baillie (R.V.H., 1940) has returned from Bermuda and is doing private duty in Kingston. Miss Mildred Goodill (R.V.H., 1940) has been accepted for active service in South Africa.

Miss Cathryn Cummings (R.V.H., 1941) has succeeded Miss Elizabeth Stewart as head nurse in the women's medical ward. Miss Stewart is now in charge of the cystocospy room in the urological department, in place of Miss Helen Murphy, who has resigned. Miss Nancy Hurst (R.V.H., 1939) is assistant night supervisor in the main building, replacing Miss Rhoda Stewart who resigned to be married. The following marriages have recently taken place: Miss Edwina Matheson (R.V.H., 1940) to Mr. Charles L. Hudson; Miss Janet Gordon (R.V.H., 1941) to Mr. Roderick Sylvester Robson; Miss Rhoda Stewart (R.V.H., 1936) to Flight Lieut. George David Colbick.

McGill School for Graduate Nurses:

A regular meeting of the Alumnae Association of the McGill School for Graduate Nurses was held recently. Following the business, the class of 1941-42 were guests of the Alumnae Association at a social evening. The occasion was honoured by the presence of Miss Elizabeth L. Smellie, Matron-in-Chief, R.C.A.M.C.

Mrs. Jessie E. Porteous (Administration, 1939-40), who is with the Royal Canadian Air Force Nursing Service in Saskatchewan, was a recent visitor at the School.

SASKATCHEWAN

SASKATOON:

The monthly meeting of the Saskatoon Registered Nurses Association was held on December 1, with Miss E. Fendley presiding.

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ARE GENTLE, RELIABLE, PLEASANT EFFECTIVE

the necessary essentials for any laxative for babies.
Also excellent for relieving simple fever and other disturbances that so often accompany the teething period.
Good too, for helping overcome upset stomach and other minor ills of babyhood.
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The Canadian Nurse

1411 Crescent St., Montreal.

Plans for a refresher course for married and inactive nurses were reported to be well under way. An interesting address on anaesthetics was given by Dr. Burwash.

On October 29 a tea was held at the Saskatoon City Hospital and all members of the nursing staff were given an opportunity to say farewell to the director of nursing, Miss Edith Amas. Miss Amas is now on military service and has been granted leave of absence for the duration of the war. She will be sorely missed because for the past eleven years she has been on the staff of the Saskatoon City Hospital, first as instructor and later as director of nursing.

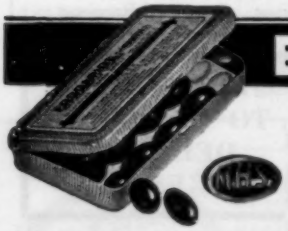
Miss H. Bright, a graduate of Regina General Hospital, and of the McGill School for Graduate Nurses, who has been supervising on the staff of the Saskatoon City Hospital for the past three years, has also resigned and is now on active service.

Miss K. McLean, a graduate of Ottawa Civic Hospital, and of the McGill School for Graduate Nurses, who has been with the Saskatoon City Hospital since June, has also resigned and is now on active service.

With cordial good wishes from the nurses of Saskatchewan, the following Nursing Sisters recently left the province, on the strength of No. 8 General Hospital: Nursing Sisters E. Amas, E. Andreas, L. F. Appleton, D. F. Ballantine, I. A. Breakey, M. L. Clift, F. M. Copeman, A. E. Cromwell, L. H. Dahl, F. E. Gannon, C. C. J. Getty, M. E. Gleadow, P. M. Gordon, H. M. Hargreaves, D. H. King, G. A. Keohane, M. A. Kerr, C. T. Lettner, A. Meadows, J. M. Morton, K. M. Morton, S. C. MacRae, P. E. McCarthy, L. C. McKenzie, A. D. Potts, D. M. Riches, M. B. Spohn, M. I. Thompson, F. E. Welsh, L. M. Young.

With Nursing Sister Christina Macdonald in charge, a number of nurses from Saskatchewan have enrolled for military service in South Africa.

Miss Dorothy Duff (S.C.H.) has recently been appointed senior instructor at the Saskatoon City Hospital.



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YORKTON:

Miss Lyle Appleton, medical and surgical supervisor of the Y.Q.V.H. School of Nursing, recently received an appointment as Nursing Sister in the R.C.A.M.C. She is a graduate of the Toronto General Hospital and of the School of Nursing, University of Toronto. Miss Lorna Halpenny, superintendent of the Y.Q.V.H., recently entertained at a tea in her honour and a presentation was made on behalf of the staff who gathered to express their regret at her departure, and to assure her of their continued interest and best wishes.

The graduate nurses of Yorkton and district recently formed a group to be known as the Yorkton Volunteer Nurses Association for the purpose of preparing for emergency and of assisting the Red Cross. Mrs. Darroch is the president and Miss A. Dyck is secretary-treasurer. The staff and general duty nurses of the Y.Q.V.H. have set aside Monday night for the purpose of knitting for the Red Cross. A penalty of ten cents is charged each absentee.

The following marriages have recently taken place: Miss Margaret Boake (Y.Q.V.H., 1940) to A/C Evans Hill, R.C.A.F.; Miss Jean Dodds (Y.Q.V.H., 1940) to Mr. Clifford Pettit.

REGINA:

Regina General Hospital:

Victoria Antonini (R.G.H., 1939), winner of the Carss Memorial Scholarship, has returned from a year's postgraduate course at the School for Graduate Nurses, McGill University, and the Hospital for Sick Children, Toronto. She has been appointed supervisor of the pediatric department.

Betsy Reierson (R.G.H., 1939), also a winner of the Carss Scholarship is now at the School for Graduate Nurses, McGill University, where she has registered for the course in teaching and supervision in schools of nursing. Hester Lusted (R.G.H., 1938) and Catherine Ross (R.G.H., 1940) are taking the public health nursing course at the McGill School for Graduate Nurses. Hildegard Meier (R.G.H., 1936) is taking the public health nursing course at the Toronto University School of Nursing.

The following Nursing Sisters, who are graduates of the Regina General Hospital, are now on active service: Frances Copeman, Elizabeth Andreas, Marjorie Dolsen, Marjorie Winter, Ruth McPherson, Lillian Dahl, Marion Thompson, Kate Morton, Dorothy King, Gertrude Keohane, Katherine Baker, Betty Langstaff, Helen Hargreaves, Esther Higgs, Lillian Carey, Mabel Seaman, Ruth White, Florence Welsh, Pearl Gordon, Anna McIsaac.

NEWFOUNDLAND

ST. JOHN'S:

The Newfoundland Graduate Nurses Association recently held its regular meeting at the Child Welfare Centre. The speaker for the evening, Dr. James St. Pierre Knight, was introduced by the vice-president Miss Annie Bishop. Dr. Knight's subject was emergencies in war time. The doctor pointed out the necessity of being ready to handle such emergencies at a moment's notice. To do this, cooperation and organization were of the utmost importance. Help given by nurses in such a program was definitely stressed by the speaker. A vote of thanks was expressed by Miss Estelle Barter.

Toronto Western Hospital

The members of the Toronto Western Hospital Alumnae Association who attended a recent meeting were given a real treat when Miss Beatrice Munro, of London, England, gave us a first-hand description of work on a farm in England, followed by nights of ambulance driving during the big "blitz" in London last year. Our admiration of the British women in the war, if possible, grew apace.

Mrs. Norman Stephens, president of the Local Council of Women, also spoke on the War Savings campaign.

At the autumn tea of the Toronto Western Hospital Alumnae Association the guests were received by Mrs. Douglas Chant, president of the Association, and Miss Beatrice Ellis, principal of the School of Nursing. This very successful event was arranged by the social convener, Mrs. James Miller, and her committee. The many booths proved their popularity by early disposal of their wares. Old acquaintances were renewed and new acquaintances made at this increasingly popular annual event.

Rendezvous

August, 1941

Sea-gull, did you see them—battleships of grey
Met in no-man's-water? Did you pass that way?
You who over oceans shriek your travellers' tales,
Did you see "Augusta" meet with "Prince of Wales?"

Sea-gull, did you watch them

Sail so silently

Eastward, Westward, Trysting?

Sea-gull, did you see

Stars and Stripes and Ensign,

Each man's oriflamme?

Did you see the Bull Dog

Meet with Uncle Sam?

Did you see the warship

Pass the convoy by,

Laden ship and escort

Dark against the sky?

Did you hear the whisper,

"Churchill passes here!"

Did you see the signal?

Did you hear them cheer?

"By wind and by water, through storm-clouds I fly;
My floor is the ocean, my roof-tree the sky!
And I, the white sea-gull, saw Churchill sail by."

"I wheeled and I circled and further I flew,
Where sky-way and sea-way were burning and blue!
I watched the pale dawn-mists till Roosevelt sailed through."

"When grey ship met grey ship I flew overhead,
When Old World met New World I heard what they said.
I watched them—a sea-gull with pinions widespread."

"I heard what was whispered, I saw what befell,
And that is my secret. Yet this I can tell,
I heard a man call from the masthead, All's Well!"

—Audrey Brooke

See page 12

The Deanery, Cape Town

Official Directory

International Council of Nurses

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THE CANADIAN NURSES ASSOCIATION

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Prince Edward Island Registered Nurses Association

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A.A., Royal Alexandra Hospital, Edmonton

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